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UNDERSTANDING AND MINISTERING TO THE DYING PERSON

by

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A.B., University of California 1951

B.D., Pacific School of Religion, 1955

Submitted to the Faculty of Pacific School of
Religion in Partial Fulfilment of the
Requirements for the Degree of
Doctor of Theology

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Delbert Scott Maher

MAY, 1967

Approved by:

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Chairman Date

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PREFACE

My concern is the ministry of one finite person--the living minister--with another finite person--the dying patient. Both proceed towards death, and both are tempted to deny it. Now they find themselves *in extremis*--at the frontier where human limitations are most clearly revealed.

To see clearly the issues in such a ministry, we need more than theological reflection. We need also to look at the psychology of death. Recent studies in pastoral care have emphasized the importance of psychological understanding in the ministries to the alcoholic, the aged, adolescents, the mentally ill, the sexual deviant, and those with family problems. These studies assume that empirical knowledge supplements theological understanding in an effective ministry. They reflect contemporary concern that ministry is a form of dialogue rather than monologue, a concern about entering into the world of the other person in such a way that he feels understood and not alone in his problem.

The problem of finitude, a central issue of Christian thought, is treated in theological works. But the psychology of death has received so little empirical study in theological circles that I have given this aspect of pastoral care the greater share of attention in this thesis. Other crucial issues have been treated more lightly, not because they are unimportant, but because they are peripheral to my main focus of concern: that the minister at the deathbed attempt to understand the thoughts and feelings of the person to whom he ministers.

The approach used is eclectic, because strong feelings are involved, and distortions might be diminished if we try to see the problem from various angles. In the first five chapters, we examine studies of <u>beliefs and attitudes</u> about death and dying: studies of the ways primitive peoples interpret death and cope with it; studies of the ways children learn to think of death in our own culture; and studies of the beliefs and attitudes of adults, both normal and emotionally disturbed.

We then study the psychology of <u>crisis behavior</u>, the defensive maneuvers people use in threatening situations and the ways in which they express their anxiety. We then turn to <u>the deathbed</u> itself, considering the problems physicians face in deciding whether or not to

inform their patients about the terminal nature of their illness; the existential concerns of the deathbed; and the problems of assisting patients and their families during the last hours of life.

Finally we focus upon the ministry to the dying, first analyzing some philosophical and theological approaches to finitude (especially that of Paul Tillich), and then considering the nature of pastoral care in its theological and psychological dimensions.

I am grateful to many people who shared with me ideas they felt should be incorporated in a work of this sort. But especially I am grateful to those faculty members of Pacific School of Religion who supervised this thesis: Dr. Hugh Vernon White, Dr. Harland E. Hogue, Dr. Wayne R. Rood, Dr. Durwood Foster, Dr. Albert T. Rasmussen, and most of all my teacher, Dr. Robert C. Leslie.

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I. ASPECTS OF DEATH

Meanings of Death

Death has many meanings. For a dying man, it may mean the end of pain, the threat of loss, and the loneliness of being cut off from everyday life and surrounded by anxious people. For his widow, it may mean the numbness of grief and the confusion of the funeral. For the physician, it may mean the mortality of a body and the frustration of his efforts to extend a human life. For the gravedigger, it may mean digging a hole and waiting for the crowd to depart, so that it may be filled.

We will observe and seek to understand the inner meanings of death as it is experienced by those confronted with it. But now we are concerned with the fact itself. We die. We are obliterated in time. We are dust.

> As for man, his days are like grass;
> he flourishes like a flower of the field;
> for the wind passes over it, and it is gone,
> and its place knows it no more.[1]

We are headed for extinction, annihilation, disintegration, nothingness, the destruction of all that we are. A time is coming when we will have no future and no present, only a past. And that will be forgotten. We die.

---

[1] Psalm 103:15-16.

Death may be described in terms of a process, an event, or a condition. As a process, death is called "dying." A person progresses (or regresses) from a condition more or less characterized by life to a situation of being dead. All of us are dying. The time, our time, is passing away. We come closer and closer to the deadline, when, whether we like it or not, and whatever we think about it, we must die. We would rather live, of course, but we keep experiencing partial deaths in the midst of life, signposts pointing the way to non-being. Here and there we are confronted by symptoms of our finitude, such as the awareness of passing years, the sickness and decay of the body, and the loss of loved ones. Especially the pain of grief becomes associated with death, because part of us dies in the death of one we love.

> No man is an island entire of itself. . . Any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls; it tolls for thee.[1]

Although death as a process is a chronic condition known to us by many partial deaths, we generally speak of dying in its more acute meaning, characterized by indications that a body will soon cease to function.

As an event, death is a hypothetical moment (merely identifiable) when a person "expires," "breathes

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[1] John Donne, The Complete Poetry and Selected Prose of John Donne, ed. The Complete Poetry of William Blake (New York: Modern Library, 1941), 330.

his last," or "gives up the ghost." This has been variously called the "act of dying" (although it is less a conscious act than a process in which the self is passive); the "passing away" (although it is questionable whether anything leaves the body except its vitality); and the "death agony" (although evidence is abundant, and will be cited, indicating that death is rarely painful). It may be useful to think of the event of death as the "last hours" to avoid voluntaristic, animistic and masochistic connotations. During this period of time, the individual is likely to be semiconscious or comatose. Actually, one may die suddenly and without warning, of course; or with the intervention of medical care the "last hours" may last for weeks.

As a <u>condition</u> of being or non-being, death is the state of a lifeless body, a thing which must be disposed of.

> Death is the end of all present possibilities of life. . . Death really means the <u>end</u>. That is the judgment under which our life stands: it is waiting for death. . . Some day we shall be buried. Some day a company of men will process out to a churchyard and lower a coffin and everyone will go home; but one will not come back, and that will be me. . . They will bury me as a thing that is superfluous and disturbing in the land of the living. 'Buried' gives to death the character of passing away and decay and to human existence the character of transitoriness and corruptibility. What then is the meaning of man's life? It means hurrying to the grave. Man is hurrying to meet his past. This past, in which there will be no more future, will be the final thing: all that we are will have been and will have been corrupted.[1]

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[1]Karl Barth, <u>Dogmatics in Outline</u>, translated by G.T. Thomson. (New York: Philosophical Library, 1949), 117-18.

A child may ask, "What is it like to be dead?" and his question calls our attention to an absurd element in our predicament of being mortal. No one living has experienced being dead. We can only remember living. We have experienced, with some discomfort, "partial deaths" which remind us of our finitude. But death itself is complete. We leave the world of consciousness in sleep, only to enter the world of dreams. Death is not sleep.

> The living individual is absolutely excluded from the possibility of approaching death, whatsoever, since he cannot come close enough without comically sacrificing himself on the altar of his own experiment.[1]

Death is non-being. And non-being is emotionally meaningless. Dying is not like going someplace that we have never been before. We are going nowhere. We will neither be here nor there. But here we are, and we can not remember when we weren't somewhere. Man, the animal who thinks for himself and plans the future and asks about the meaning of life, dies like other animals and does not comprehend his own death. Man, who wants to know everything, will never know death, for knowing presupposes something that is known, and non-being is nothing at all. Man, who seeks to conquer outer space, hovers over an unfathomable abyss. He lives and moves and has his being, but he came from nothing and returns to nothing. He is finite.

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[1] S. Kierkegaard, Concluding Unscientific Postscript (Princeton University Press, 1941), 190.

Physical Death

We die physically when we lose the "life" out of our bodies and then lose our bodies. Human existence is bodily existence. In all our grandeur we are comparable to all other living organisms, dependent for survival on certain environmental conditions. We eat our environment and it eats on. Were there not millions of microscopic animals at work upon us constantly, we could not live. Take away oxygen, water, food, and the right temperature, and we die. A tissue that is not nourished, cleansed and protected dies. When enough tissues die, the body becomes weak and dies. The heart stops and there are symptoms of death.

The physician intervenes by attempting to reverse unhealthy processes and stimulate healthy ones. If a person cannot breathe, oxygen is given. If the heart is weak, or the body fighting disease, rest is required. Special foods or medicines may be prescribed. If the doctor is successful, he postpones death. But eventually it comes.

> Man, who is the noblest part of the Earth, melts away, as if he were a statue, not of Earth, but of Snow. . . And how quickly? Sooner than thou canst receive an answer, sooner than thou canst conceive the question.[1]

The mortician comes and removes the body. He drains the useless blood and pumps an antiseptic preserving fluid

[1]John Donne, op. cit., 111.

into the vascular system, thinks to produce a healthy glow and to kiss the pallor of death. The corpse is beautified and boxed and put on display.

A dead body no longer thinks or feels or does anything. It simply begins to return to the elements. Whether this takes ten minutes or ten thousand years is quite irrelevant. This body was a person, now it is a thing to be gotten rid of. What an incredible difference! I recall attending a postmortem examination with a group of students, and finding that the body was that of a woman to whom I had ministered for months. I was not aware that she had died. I had observed autopsies before, but not of my friends. The initial shock of recognizing her made me feel like greeting her, and covering her body and protecting her from the knife. The pathologist, my friend, seemed so horribly indifferent. And then, in just a moment, I caught myself. "After all, this is not she, it is only the body she occupied."

Relatives are naturally reluctant to give permission for a postmortem examination, but they will do so if they can realize how helpful it is to the doctors, and if they can come to the realization that their loved one is not in this body and has no more use for it. In the examination, each vital organ (no longer vital, of course) is observed, and the "cause of death" is determined. After months of clinical diagnosis, the physician

can see the diseased organs and determine the accuracy of his diagnostic inferences. In the laboratory, the human concern of the physician caring for a sick person must become transformed into the impartial objectivity of the scientist examining an impersonal body.

All of us are partially dead physically. Part of our quota of life energy has been spent. We may not be all that we used to be. The loss of eyesight or hearing, the rigidity and weakness of old age, and the failing of mental powers are all partial deaths. We carry within us not only inherited predispositions toward certain types of illness, but the consequences of our high-fat diet, arteriosclerosis.

A dead body no longer has sensory contact with its environment. The relatives, in their grief, may call it by name, but it does not hear. A deaf person has suffered a partial death, and becomes a social nuisance. He cannot communicate adequately, and is likely to become eccentric and withdrawn.

A dead body has eyes, but they do not see. It is out of contact with the world of form and color and movement. Blindness is a partial death, in which one loses his primary means of perceiving his environment.

A dead body has bones and muscles and nerves but cannot move, or feel anything, or even cry for help. Life is doing. Life is movement. The dead body is "a stiff."

The aesthetic satisfaction of movement through space, of rhythm, of grasping and holding, of creating with the hands, of feeling pleasure or pain, of being "in touch" with an exciting and stimulating environment; all of these things are no more. The paralyzed are partially dead.

A dead body has a brain but cannot think or feel or remember. The dead mind does not mind being dead. There is no tension, no idle thoughts, no humor or pathos or pain; not even a sense of darkness. The concerns of life no longer matter to this brain, not at all.

A living person becomes a dead body. And his relatives are confronted with the fact that the one they love is not there at all, that his body is a corpse. How cruel this often seems! A "Thou" has become an "It." This thing has no subjectivity, only objectivity. Then, in the course of time, it loses this objectivity. Its molecules return "to the dust," transformed again and again by the processes of nature.

The incredibility of this predicament is no doubt one basis for the idea of the immortal soul. If the one we love is not "here" in this cold body, then he must be "there," away from this body, either wandering around in a ghostly body or gone away to live in one of the places where spirits go when they depart from this world. When one is emotionally involved, the idea is practically inescapable. The idea of the separate existence of an immortal

soul would seem to be rooted and grounded in our human predicament of being deeply involved in one another. If Carl Gustav Jung is correct in his theory that there is within us a collective racial unconscious, archetypes representing the recurrent experiences and beliefs of past generations, then certainly the idea of immortality carries the weight of history. Before the dawn of recorded history, Neanderthal Man buried the dead with care, with stone tools placed in their hands, and surrounded with beautifully made implements.[1] As we shall see later on, the idea of the separate existence of an immortal soul is a universal trait of primitive culture.

Freud has written that our unconscious attitude toward death is "almost exactly the same as primitive man's."

> The man of prehistoric ages survives unchanged in our unconscious. Thus our unconscious does not believe in its own death; it behaves as if immortal. . . It follows that no instinct we possess is ready for a belief in death. . . . The dread of death, which dominates us oftener than we know, is. . . something secondary, being usually the outcome of a sense of guilt.[2]

And so it is natural to feel, when confronted by the fact of physical death, that the person we love is still alive. The fact that grief-stricken persons

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[1] J. Finegan, The Archaeology of World Religions (Princeton: Princeton University Press, 1952), 17.

[2] S. Freud, "Thoughts on War and Death," Collected Papers (New York: Basic Books, 1957), IV, 313.

The psychosomatic hypothesis which has developed within medicine in recent years is that the patient is to be seen in his totality when the physician treats an illness, and not simply as a body needing repair. Mind and body are interdependent, not simply parallel. Mind (a term designating all conscious and unconscious psychological processes) is involved in an interpersonal and social matrix, just as the body is involved in a biological and physical matrix. The mind may cause a sickness of the body, just as the body may cause a sickness of the mind; and there is seldom an illness in which both are not involved to some degree.

The emphasis of this movement has been away from the mechanism of the nineteenth century. When one thinks of psychosomatic medicine, one thinks of treating physical illnesses psychiatrically, by understanding their origin in the emotional life of the patient. A voluminous literature has documented the influence of mind upon body not only in clinical medical practice, but in experimental studies with animals and in studies of hysteria (in which physical symptoms fulfill the unconscious purposes of the mind), hypnosis experiments (in which physical symptoms can be produced by suggestion), and studies of faith healing as practiced by both religious healers and physicians (in which the influence of the healer and the power of suggestion stimulate healing processes).

Physicians are becoming increasingly aware of the emotional factors in sickness and in healing. Recent studies have emphasized the importance of understanding a patient's mental environment, which often produces or aggravates illness. The physical illness or behavior problem of a child may simply be the result of the unfulfilled longings or distorted perceptions of his parents. A duodenal's ulcer may be rooted in tense conflicts and not just in organic processes. Do a man with a sick and anxious mind have a healthy body? Often enough, the answer is, "No!" Now and more psychiatrists, social workers, and trained counselors are being employed by general hospitals, because their ministries are conducive to physical health. The body is functionally related to the mind.

Likewise, the state of the body influences the mind. Here again, the scientific literature is enormous. Among the physical factors studied are the effects on the mind of oxygen, temperature, starvation, exercise, drugs and chemicals, the endocrine glands, neurological damage, sensory deprivation, exhaustion, electrocution, and physical illness. These and many other factors can be seen to affect mental processes and to disclosure or permanently change the personality.

As perplexing as these studies may be, it is not difficult from our own experience the fragility of the

human mind. I cannot forget the impact of seeing a relative who had become the victim of organic brain disease. He gave no indication of recognizing me or anyone else. He spoke an incoherent gibberish, pulled at his hair, and had lost control of his bladder and bowels. Was this the same man? Was this body human? Like a living corpse, this repulsive thing was not the man I had known. He had ceased to be. Only the shell was left, and it was disgusting in its emptiness.

I used to visit such persons as a mental hospital chaplain. We had geriatric wards filled by human bodies with shattered minds. In one building I once set out to visit each Protestant and to inquire about her religious background. Out of seventy, nineteen could not communicate with me at all. Many have long since left the outer world behind and are all but forgotten in the land of the living. If brain damage can so distort and destroy the personality, what will be left when brain and body are completely destroyed?

Functional mental illness (without damage to brain tissue) is also partly physical. Chemotherapy (drugs) and somatic therapies (insulin comas, electrically induced convulsions, and hydrotherapy) dramatically liberate many patients from their symptoms and their intolerable anxiety. One patient avoided human contact for weeks, complaining of deadness of heart, coldness, and emptiness.

He stopped attending church, feeling that he could no longer pray deeply because his hypocrisy was being punished. Finally he attempted suicide and was brought to the hospital. After a few days of physical treatments, he felt like a new man, began with help to consider his problems, and returned to his church. Those who work in mental hospitals are constantly reminded of the dependence of mental processes upon the body, as they witness the effects of chemicals, physical treatments, and organic disease. Because of my experiences of working with the sick and the distorted, I am led to appreciate more deeply the spirit of man which creates, and thinks great thoughts, and overcomes barriers and conquers the world. The grandeur of man is in his capacity to create and to love and to face suffering. He is responsible, and free, and molds his environment. But he is also subject to his environment, a part of it, determined by it, and finally, in death, destroyed by it. The saint, in all his heroic virtue, shares the fate of every animal and plant: he dies.

Here our instinct for survival begins to interfere with the fatal conclusion toward which the facts push us. Our incredulity in the face of death is in itself a fact to be reckoned with. From many quarters one hears rebuttals, arguments for immortality. When stated metaphysically, the soul is referred to as a thing independent of the body and inevitably superior to it, since the body decays.

Since the soul is capable of such noble heights and the body subject to so many appetites and frailties, the body may become a convenient scapegoat for getting rid of one's moral responsibility: "It is not I who sin; my body is to blame." This theory of a separate soul is primitive animism, although in our Western traditions it is associated with the Greek classical culture. Whether the soul is thought to be a part of God or a creature of God, pre-existent or developed after birth, reincarnated again and again in a cyclical pattern or headed for an otherworldly destiny; however the soul may be conceived, it is thought to be separate from the body, an independent entity. At death the soul is released from its prison of flesh.

The vigor with which such a conception has been defended and the ingenuity of its proponents in presenting their arguments is in striking contrast to the disinterest or unwillingness of scientific researchers to draw the conclusion towards which their studies point. For certainly empirical evidence points toward the conclusion that when the body dies, the mind dies with it; and it is impossible empirically to regard the wonderful qualities of the human spirit as something separate from the other, mortal aspects of the mind. The grandeur of the creative, responsible human spirit is undeniable; but all evidence would indicate that it is bound to nature, society and culture, and that it dies.

Social Death

To be alive in a truly human way is to be in love, to be related to others in the warm bond of companionship, loyalty and mutual concern. Life without communion with others is bleak and meaningless. We live in others and they live in us. That is life. If death is the non-being that it would outwardly appear to be, then to be dead is to be totally and permanently out of contact with the world of people.

We experience many partial deaths in our social existence. Our loss of a loved one is a partial death. Through love we grow into one another. We are not self-sufficient. In our need we reach out to bring others into our emptiness. Where there is a deep involvement, the person we love becomes a part of us, and we enter into him and become a part of him. When he dies, he takes with him the investment of our lives in him, but is no longer there to fill us with his being. He leaves only memories. In our fear of nothingness we cling to these memories, but they begin to slip away. Memories are not enough, and something within us drives us out to find new relationships. The process of grief-work is painful, and those who know the joy of involvement take upon themselves the eventual agony of grief. When the process is complete, the other person is no longer alive in us. We give him up to death, and go on living.

think of hell as a place where there is heat and where warm fires are burning. That is not hell. Hell is if you are frozen in isolation into a block of ice. That is where I have been."[1] another patient tries to express her feelings of loneliness in this poem:

And is there anyone at all?
And is
There anyone at all?
I am knocking at the oaken door. . .
And will it open
Never now no more
I am calling, calling to you--
Don't you hear?
And is there anyone
Near?
And does this empty silence have to be?
And is there no one there at all
To answer me?
I do not know the road---
I fear to fall
And is there anyone
at All?[2]

To work as a mental hospital chaplain means being confronted constantly with the symptoms of this loneliness in those who are afraid to enter into communion with others. Afraid of closeness, and terrified of loneliness, they do not know love, and are only half-alive as human beings. They are partially dead.

Is it possible to think of the existence of an independent self at all? According to the influential psychiatrist Harry Stack Sullivan, the self cannot be thought of apart from its patterns of relatedness. He defined psychiatry as the study of interpersonal relations, not of persons *per se*. He defined personality as

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[1]*Ibid.*, 331. [2]*Ibid.*

"the relatively enduring pattern of interpersonal relations which characterizes a human being."[1] From this point of view, he attacked "the illusion of personal individuality."

> That the personality does, which can be observed and studied only in relations between personalities and other personalities, . . . is the function of creatures living in indissoluble contact with the world of culture and of people. In that field it is premature to talk about individuals and to go on treating oneself with the idea of uniqueness, of single entity, of single, central being.
>
> It is an almost irrecoverable illusion that there is a wandering, unique, single, existent self, variously called "me" or "I". . . Tenderness and love are obviously consensual, involving two personalities. . . It makes no sense to think of ourselves as "individual," "separate," capable of anything like definitive description in isolation. . . For all I know, every human being has as many personalities as he has interpersonal relations.[2]

Since our involvement in society and culture is less tangible than our physical involvement in nature, it is easier to imagine ourselves going on without it, than to imagine a non-bodily existence. But this would be unrealistic. Just as a human baby needs food and water, he also needs interpersonal communication through symbols and language and shared meanings. To acknowledge our dependence upon our human environment does not imply that persons cannot venture forth into strange

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[1] H.S. Sullivan, The Interpersonal Theory of Psychiatry, ed. Perry, Gerwel, and Nielson (New York: W.W. Norton and Co., 1953), 111.

[2] H. S. Sullivan, "The Illusion of Personal Individuality," Psychiatry, XIII (1950), 329.

cultures, or that they consist, in some instances, solitary months or years of solitary confinement without disintegration. The adaptability and endurance of hearty persons is impressive, but that does not mean that they can be treated as apart from their cultural roots. They maintain their integrity through memory, fantasy, and anticipation, within a meaningful frame of reference and system of values deeply rooted into their personalities through participation in a culture. Such strong individuals are often overlooked as we are confronted by innumerable cases of disintegration in situations of stress and deprivation such as concentration camps, "brain-washing," solitary confinement.

I once ministered to two old ladies who had spent their later years in a lonely house on an isolated farm. Gradually all their friends and acquaintances had died or gone away until they were left alone. Apart from the neighbor who brought groceries and attended to their needs, the world was hardly interested in them, and they had lost interest in the world. The work of grief had erased the ties that had bound them to their parents, their mates and their friends. Biological weakness had combined with social isolation to dim their faculties so that their language was primitive, their memories obscure, and their interpersonal relations grotesque and childish. They had lost interest in religion. There was nothing such left at all. They were all but dead, spiritually.

Death cuts the ties that bind human beings together. When these ties are severed, we are no longer human. For being human means being involved in a human environment. To be confronted with death is to be confronted with a loss of all love, and warmth, and humanity. So it is only natural, when a loved one dies, to say, "He is not dead; he is alive somewhere; I will be reunited with him."

Some religious groups, such as the Latter Day Saints, teach that there will be such a reunion in heaven. By taking a second marriage vow, they are assured that the marriage will last forever; for what is bound on earth will be bound in heaven. But one is reminded of Jesus being asked about the woman who had had seven husbands. Whose wife will she be in heaven? His answer was obscure, but definitely denied any idea of heavenly marriage.[1]

No matter how much we may want to believe that our earthly decisions have heavenly consequences, and that our relationships have a permanent value, death comes and invades and destroys our lives. The process of grief-work means one thing: the person we loved has died and must be buried.

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[1]Luke 20: 34-36. (Cf. also Matthew 22: 22-33; Mark 12: 18-27.)

Historical Death

We turn now to consider another aspect of life and death. To be alive is to participate in the creative process of history and to be involved in changing social institutions. To be dead is to cease contact with the things that are happening in the world.

"He *was* a good man," we say. He *is* no more, not within the dimensions of the space and time we know. His time has gone by, irrevocably. He can no longer participate in history as it is happening, only as it has happened. He might have done this and so, he might have taken a trip, or finished his symphony, or changed the course of history. But his time has gone by. He is dead.

We read his obituary. He was a merchant, belonged to certain lodges and to a church, was influential in certain ways, and is survived by certain persons. He may have had a noteworthy position of honor or importance. All of this accounts to his social identity. He was a somebody, not a nobody.

Death is the process of becoming a nobody. Life means wanting to be a somebody, to have one's name known by others. To fight against becoming anonymous, a man of the crowd, a statistic or serial number. History gives us a name, and history renders us anonymous.

We participate. We mold history. We belong to a school of thought, a political party, a business house,

a mass movement or a nation. We vote and argue budget items and go to war. We become passionately concerned about such participation: it is our life. And then we die; if we had a place, another takes it; if we had possessions, they are distributed. The movements in which we had a part go on without us.

We create. We give birth and nurture to other human beings. We build, and invent, and take part in the coming of the new. And these things also die. "Time swallows what it has created. . . the new becomes old and vanishes. . . creative evolution is accompanied in every moment by destructive disintegration."[1] That for which we give our lives also dies. That which we build is destroyed. In this destruction, we die a partial death. In the using up of our historical possibilities, we die a partial death. Nevertheless, we live and move and have our being, and affirm life in the midst of death, while experiencing death in the midst of life.

Summary

Death is the transition from being to non-being. It is the losing of our contact with this world. It means losing our bodies, our minds, our relationships with others, and our participation in the creative processes of nature and history. This is documented by simply examining death

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[1]Paul Tillich, Systematic Theology, (Chicago: University of Chicago Press, 1951), I, 193.

experimentally. In the sense of life, we suffer partial death in physical infirmity, bereavement, loneliness, and anonymity. Because these things are associated with pain, we call them evils. But non-being is not a kind of living, and we cannot speak of it in terms of experience or suffering. For these are aspects of life.

We will never experience non-being, for the term implies something to be experienced. We are caught in the position of knowing only life, and therefore of being unable to imagine non-being. Therefore, while the outer facts point toward our eventual non-being, we are unable to understand this emotionally.

The implications of this predicament will be considered in the chapters to come, as we analize the human response to death.

II. CULTURAL VARIATIONS IN THE APPROACH TO DEATH

Death in the Context of Culture

Before we begin to survey the ways people face death in our own culture, it is useful to look abroad and note the ways death has been interpreted in other societies. We do this to help distinguish the universal from the ephemeral, and to remind ourselves that what is obvious to us may seem strange indeed to a person of another culture. Modern anthropology has taught us to beware of talking about human nature without first looking at its many variations. It has taught us that when we look at the world, we see it edited by our own customs and ways of thinking; and when we talk of man, we are likely to be simply talking about ourselves---a peculiar combination of culture traits, determined by the past, and destined, in time, to change.

When we talk of "death" and "dying", we are talking about cultural and not simply biological events. All subhuman animals die, but none know death as a future event. Only human beings are plagued with the awareness of finitude. The counterpoint of living and dying is a basic ingredient of human existence everywhere.

Ideas and customs surrounding death vary enormously. The universal anxiety of finitude finds expression in many forms of human enterprise through which men seek to postpone their encounter with death. "What is history?" asks one of Pasternak's characters. "It is centuries of systematic exploration of the riddle of death, with a view to overcoming death."[1] Yet other values--the welfare of the group, personal honor, and meaningful existence--are more important than life itself, and human beings are unique in their capacity to give up their lives as patriots, martyrs, and suicides.

The Immortality of the Soul

Neanderthal Man (c. 120,000-25,000 years ago) buried his dead with care,[2] and archaeologists infer that these Stone Age hunters believed in immortality. Such belief, while weak if not non-existent in ancient Israel, is practically universal in contemporary primitive cultures.[3]

Certainly during the countless millenia of the Stone Age before men settled down to farming and village life (about 8,000 years ago), the concepts of past and future were practically meaningless--there was only the relentless pursuit of something to eat. Still death posed a riddle which required explanation.

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[1] B. Pasternak, op. cit., 13. [2] Supra, 9.

[3] Cf. G. Zilboorg, "The Sense of Immortality," Psychoanalytic Quarterly, VII (1938), 195.

The awesome lifelessness of the dead body, contrasted with the vitality of its former inhabitant, is always striking. A simple idea explains it: the soul exists independent of the body. Traditionally this belief has been called animism. The soul may inhabit the body, roam about without a body, or become incarnate in animals, plants, or inanimate things. Man must not only deal with living human beings, but with ghosts.

The idea is a useful one, and helped primitive man explain a variety of psychic phenomena: (1) dreams (where the soul may be thought to leave the sleeping body and go places); (2) seizures, either epileptic or induced in the ecstatic phenomena of primitive religion (in which, as in the case of illness, one becomes "possessed" by spirits or by the spirit); (3) psychotic behavior (in which the person does not seem to be himself); (4) hallucinations (in which one sees things unseen by others, or hears invisible voices); (5) the return of the dead, (in which grief-stricken persons experience the image or voice of a person who has died, perhaps even the ghost of someone who is not known to have died.)

We live not only in contact with an outer world of habitat, people and culture; we live also on the edge of a mysterious inner world, the uncanny "twilight zone" of the Unconscious. This is the "rational,"

"modern" way of explaining these things. We put psychological labels on irrational experience and, with verbal magic, render it rational. But we still live in a world where Hamlet must deal not only with his father's death, but with his ghost.

Modern man finds comfort in regarding animistic explanations as superstitious. But in the primitive world, men seek to get in touch with the mysterious other world through mediums, seers, shamans, and prophets. They seek to talk with the dead, determine the future, or get power, prestige or solace. In their Peyote Cult, contemporary American Indians seek strength and consolation in a narcotic trance, just as others seek ecstasy through cultic rituals, fasting, prayer, and seance.

Besides explaining strange phenomena, the belief in an immortal soul served another purpose: the denial of death. This is commonly seen in bereavement, where people cannot accept the reality that their beloved is no longer alive. If he is no longer here, in this body, he must be there. Where? Every primitive culture had a name for the place, and an imaginary picture of it. Nor was it considered a matter of hope, or blind belief, or something requiring a leap of faith.

The <u>form of belief</u> in the immortal soul varies widely, and might include the following variables:

Origin:
- Uncreated, no origin
- Created by a god

Time of origin:
- Infinite
- At a given moment in the remote past
- At conception
- At birth
- During the maturation of personality

Condition prior to this life:
- Non-existent
- An endless cycle of reincarnations in the past
- In a supernatural place awaiting life on earth

Cause of death:
- Voluntary
- Enemy magic
- Angry god
- Angel of death
- Naturalistic reasons

Quality of future life:
- Hovers about for awhile
- Punishment
- Some wonderful place of abode
- Reincarnation
- Becomes a god or ancestor to be venerated
- Destruction as punishment

In an essay on immortality, Margaret Mead points out that the notion of the pre-existence of the soul may be as important to some peoples as the after-life is to us. Among the Eastern European Jews,

> The soul was believed to have existed since creation, waiting to be born, and just before birth an angel would take it on a journey through all time and space and then, at the moment before birth, would give it a blow which wiped all trace of this knowledge from memory.[1]

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[1] Margaret Mead, "The Immortality of Man," Pastoral Psychology, VIII: 75 (June, 1957), 18.

The belief in reincarnation is widespread. The soul is thought to be reborn over and over again. It may be reborn in descendents or in strangers, in lower stature or higher, punished or rewarded for previous good conduct. In India, the threat of being born again in lower caste is thought to be a reinforcement for proper behavior.

The Balinese, who have an Indonesian form of Hinduism, have little sense of the persistence of personal identity, but believe that they will be reincarnated endlessly in the same family.

> Escape is possible only for rajahs, for whom great ceremonies can be made, and for an occasional dedicated virgin worshipper.
>
> Souls, in an indeterminate number for each person, are reincarnated in great grandchildren. . .
>
> When someone dies in Bali, no one weeps. Only for an infant of a few months is a mother permitted to weep, and the relatives, as they dig the grave, are permitted to reproach it, "The next time you come, stay longer, and at least eat rice with us before you go."
>
> The burial ceremonies include ritual practices to make the body more beautiful in the next incarnation, but all sense of personal identity disappears. . .
>
> In giving to a beggar, they may remark, "I would not dare not give to his. Who knows when I may not be as he?" [1]

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[1] Ibid., p.19.

> So people can make offerings to the good soul and attach to it all their positive feelings about the dead, while their negative feelings go into hatred and fear of the bad soul.[1]

Each of these conceptions is useful in easing the anxiety of finitude. For the Hindu, the crisis of impending death is hardly a crisis at all, just a recurrent event through which one has passed many times before; he might as well relax and let the wheel of destiny turn. The Manus man, upon dying, passes into the most vigorous phase of his existence, as a supernatural power venerated by his household. What is there to fear in dying? The Bagobo leaves his bad soul behind and passes into a beautiful paradise. Who would not want that? Death is translated, by imagination, into life.

The Cause of Death

Concern about the cause of death is universal. Anything so painful in its consequences cannot just happen. It is caused by someone or something. In our culture, although we may on occasion suspect murder, medical malpractice, or family neglect, we take comfort in natural causation. From the anthropologist's perspective, the doctor's certificate of death is part of the total funeral ritual. If not Nature, then God is spoken of

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[1] Ibid., p.21.

as causing death. "God has taken him," one hears. Or "God has called him away," a phrase implying a free response to destiny on the part of the deceased.

But usually the cause cited is more impersonal. Bacteria, or disease, or tissue damage are the causes. Perhaps it is comforting to hear that neither God nor man has caused the death. But not everyone among us can take such comfort. We hear persons blaming themselves for not having loved enough, or for neglect. And in this guilt, we see one potent psychological cause for the universal concern about the cause of death.

We suspect ourselves. Evil, buried memories of conflicts and resentments combine with anger at having been deserted by the one who has died. And anger, as Jesus perceived, is the desire to kill. If the one towards whom we feel such anger is one whom we deeply need or fear, then we dare not simply express our negative feelings. We cannot, like the Bagobo, love the good soul and curse the bad soul. Instead, the repressed anger and guilt may be turned unto oneself, or projected towards the doctor or some other person.

The unrealistic exaggeration of the power of one's thoughts and wishes is called "magical thinking" by psychiatrists. It is seen in rather immature people who have not outgrown the infant's grandiose illusion of

personal omnipotence. It is seen especially in persons whose reality-testing is disturbed by mental illness. It is based on the observation that we can cause things to happen, and that before we do things, we wish them. In magical thinking, if an event occurs which we have wished (even unconsciously), we hold ourselves accountable for its happening, even if we have done nothing to bring it about.

The magic practiced in many societies follows a similar line of reasoning, but adds prayers and incantations and mimetic rites. It is justified as a necessary defense against evil. As a prescientific form of technology, it is used to placate angry gods, to secure the aid of ancestral spirits, to heal disease, to get rain, and to be successful in the hunt. And magic is used to kill and to protect oneself from being killed.

In many primitive societies, death is not thought to be brought about by natural causes, but by ghosts or by magic. Professional diviners may be consulted to determine the culprit, and counter-magic may be used. If a public accusation is made, both accuser and accused may be subjected to an ordeal, a trial or contest situation in which victory is supposed to go to the innocent.

> Whether the test consists of being immersed in water, grasping a white-hot iron, drinking poison, swallowing a hard crust, or trial by combat, the underlying idea seems to be that an incorruptible power, usually regarded as supernatural, will always make its decision clear by allowing the guilty party to suffer injury or defeat.[1]

Fear of ghosts as a cause of evil is prevalent in African Negro culture, where diviners flourish.

> Bagandas religion centered about worship of the dead. Ordinary souls were believed to become reincarnated a few years after death in children of the same clan. The child was given the dead person's name, and worship of the soul ceased.
>
> During the interval between death and reincarnation, sacrifices had to be made to the ghost. Although generally friendly to relatives, ghosts were quick to revenge neglect and to punish improper behavior, and their anger was frequently considered a cause of disease.
>
> Even the greatest gods of the Baganda were really ghosts. . . Human sacrifices. . . were required as part of the worship of all the more important deities, and when a general calamity was feared several hundred persons might be sacrificed at one time.[2]

Similar reverence and sacrifices for the ancestral spirits is known to have been important in China for at least 4,000 years.[3]

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[1] Mischa Titiev, Introduction to Cultural Anthropology (New York: Henry Holt and Co., 1959), p. 301.

[2] Ralph Linton, The Tree of Culture (New York: Alfred A. Knopf, 1961), pp. 454-455.

[3] Finegan, op. cit., p. 326.

All sorts of burial are practiced. In Korea the dead are buried in mounds on the most scenic hillsides, sitting up to enjoy the view. They are taken to the cemetary with elaborate processional, and offered gifts. But among the Pueblo Indians, the burial is quick and simple, almost furtive. The body is taken outside the village without ceremony. Among many primitive societies, such as Dobu, the dead are buried in the very center of the village.

Our own society has shifted away from burial in the village churchyard to the cemetary in the country, in a segregated place away from the living, where no hymns are sung, and where "perpetual care" is provided by strangers. Today a person who wished to keep his dead relatives nearby, or who wished to save expenses by burying them in his garden, would be forbidden by law to do so. So strong is this taboo that Tennessee Willliams uses it with macabre effect in The Rose Tattoo, in which a widow venerates the ashes of her dead husband in her home. But in ancient Sumeria, the dead were buried just under the floor of the house. "Wealthy Sumerian families apparently owned two or three homes, and, like the Elizabethan English, moved from one to another, leaving the vacated house 'to sweeten.' . . When the departed commenced to smell too high for comfort, the living moved out,

leaving the ghosts in possession until their earthly miasmas had passed off."[1]

The variety of practices showing man's preoccupation with the dead body is truly fantastic, including

> . . .mummification, skull preservation and skull cult, wearing of skull or jaw by widows, disinterment and reburial, eating of bits of the body or of cremation ashes; ritual prostitution and inversion; human sacrifices; retainer burial; head-hunting; cannibalism.[2]

Whereas the ancient Egyptians had an elaborate cult of the dead, with elaborate mummification, ritual, and magnificent tombs, the Hindus go to the other extreme in wanting to rid the spirit of its earthly remains. If the ghost is to be reincarnated, there is not much value in preserving the old body. But we see in Bali that belief in reincarnation does not necessarily mean a simplification of funeral rites.

> The disposal of the body is a terrible problem for the Balinese. In ceremony after ceremony they seek to eliminate it finally. In the full cycle, there is first burial or a long period of keeping and guarding the corpse and then cremation. From the ashes, the bones are picked out and are reconstituted in the form of the skeleton, are dressed and laid out again in a miniature village in the graveyard; the souls, in the form of little figures carried by young girls as if they were babies, are taken home to the household temple, are given refreshment, and

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[1]Linton, op. cit., p. 301.

[2]Alfred Kroeber, Anthropology (New York: Harcourt, Brace and World, 1948), p. 300.

> then are returned to the bones. Then the bones are pounded into ashes and are deposited in special containers which again represent human form. These, in turn, are burned and the resulting ashes are taken down to the shore and sent out to sea in tiny canoes.
>
> Forty-two days later, a new representation---this time with no material link to the old body---will be reconstituted to represent the soule, now become part of the household pantheon to whom the descendents pray.[1]

The Baganda tribesmen of Uganda, with a similar form of belief in reincarnation, share the Balinese obsession with the care of the corpse.[2]

Relating to the Ghost

What accounts for such macabre preoccupation with funeral rites? People do these things to remain on good terms with the ghost, who is believed to be hovering about, ready to cause sickness and evil if he is neglected. Certainly such funeral behavior is analogous to our own, and we see bereaved persons among us behaving as if the ghost were a very present reality. But we distinguish between private emotions and objective reality. And it is sometimes hard for us to believe how seriously primitive people regard their funeral rites as a form of protection.

We hear at times complaints about the expense for funerals in our society, but these seem trifling compared

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[1] M. Mead, op. cit., 19-20.

[2] R. Linton, op. cit., 454.

with the lavish practices of many primitive groups. Some destroy all the belongings of the dead in offering to his ghost. The Cocopa Indians of Arizona do this, and death ceremonies are their principal religious and social events.

> Soon after a death, the mourning members of the family became transported into an ecstasy of violent grief behavior. They cried, wailed, and screamed from the time of the death, without much interruption, for twenty-four hours or more until the body was cremated.
>
> The cremation ritual was directed mainly at inducing the spirit of the dead person to go on to the afterworld. To help persuade the spirit to depart, clothes, food, and equipment were destroyed so that the spirit would have those things in the hereafter. . .[1]

Again on a second occasion, at a mourning ceremony to commemorate the dead, presents were given to visitors, and "valuable goods, including a ceremonial house and the ceremonial costumes, were burnt for the benefit of the spirits."[2] So lavish were these funerals in proportion to tribal wealth that the Cocopa were impoverished by them and held to a hand-to-mouth existence. Not much wealth can accumulate if no one dares inherit anything from the deceased.

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[1] D. G. Mandelbaum, "Social Uses of Funeral Rites," The Meaning of Death, ed. by H. Feifel (New York: McGraw-Hill Book Co., 1959), 199.

[2] Ibid., 200.

Human sacrifice, either voluntary or involuntary, is the ultimate offering. It was widely practiced in ancient times. In 922 A. D., an astonished Arab missionary wrote an account of such sacrifice, as he observed it among Viking merchant sailors. He saw a slave girl volunteer to go with her beloved master into the realm of the dead. On the day of the funeral, his body was placed in a ship which had been constructed on shore, surrounded with animal sacrifices and the good things of life.

> When they raised her up. . . she said, "Behold! I see my father and mother"; . . "I see all my deceased relatives". . . "There I behold my lord sitting in paradise and paradise is fair and green and around him are men and servitors. He calls me. Bring me to him."[1]

After she was killed, the people brought firewood, and in an hour, "ship, wood, maiden, and lord had turned to ashes and the dust of ashes."[2]

This incident is mild compared with the royal funerals of the Mongols or of ancient Japan, where hundreds of retainers were buried with dead kings. In a funeral of the Baganda, "four hundred of the king's personal attendants, four of his wives, and hundreds of slaves were clubbed to death and their bodies left lying

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[1] C. Coon, A General Reader in Anthropology (New York: Henry Holt and Co., 1960), 413.

[2] Ibid., 414-415.

around the building." Later, during the next king's visit to his father's temple, "hundreds of onlookers who attended every royal progress were seized and sacrificed to his father's ghost."[1]

Our reactions of horror to such narratives presupposes our definition of life as einmalig, lived just once on this earth, and therefore precious. We cannot imagine how human beings could be sacrificed or could be willing to be offered up in such manner. But these peoples did not define their lives as finite, but as transient episodes of immortal souls.

Apparently such peoples distinguished between more and less powerful ghosts. Those with power in life were powerful in death, and had to be treated with cautious respect and fear. Infants were soon forgotten, and children passed quickly away; but fathers and mothers and beloved spouses lingered on to haunt the bereaved, and royal persons were especially venerated.

Grief work takes time. During a year or so of emotional readjustment, the living gradually loosen and finally dissolve their ties to the dead, and go on without them. Some societies have two funeral services, one

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[1]R. Linton, op. cit., 454.

immediately after death and the second a year or so later . The Kotas of South India, described by Mandelbaum, observe two ceremonies:

> The first, called the 'Green Funeral,' takes place shortly after a death and it is then that the body is cremated; the second, called the 'Dry Funeral' is held once a year (or once in two years) for all the deaths that have occurred since the last Dry Funeral was celebrated. The terms are an analogy to a cut plant. At the first funeral, the loss is green and fresh in the mind; at the second, it is dried out, sere. [1]

The Kotas give two reasons for a second funeral. On the one hand, only after a period of purification is the soul ready to depart for the "motherland" and reach God. On the other hand, a woman remains the wife of her husband until the Dry Funeral, and if he has died without a son, she will conscientiously try to bear one. Regardless of biological paternity, the son will bear the name of the dead man.[2]

The Dry Funeral, an eleven day event, begins when a band of musicians gathers and plays a lament.

> Bereaved women stop in their tracks. A rush of sorrow suffuses them; they sit down where they are, cover their heads with their shoulder cloths, and wail and sob through much of that day and the next.[3]

During a whole week of memorial services, during which the bereaved observe strict mourning taboos, others dance at night to distract the mourners. Then, on the day of

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[1] D. Mandelbaum, op. cit., 191. [2] Ibid., 192.

[3] Ibid., 193.

the second cremation, a procession winds out of the village to the funeral grounds, and bits of skull bone, as well as funeral goods, are put to the fire by the bereaved, who then spend the night there. Finally, when the morning star appears, the mood changes abruptly.

> There is dancing and feasting. . . The climax comes when a pot is smashed. . . At that signal all who have attended the ceremony. . . run back to the village without looking behind them. The living go one way, the dead another. . .
>
> All run back to the place of life, the village. That night the widows and widowers have sexual relations, preferably with a sibling of the dead spouse, thus symbolizing yet another step back to normal relations. . .
>
> Finally, there are two days of singing and dancing. The village houses are ritually purified. Then the visitors leave and villagers take up the ordinary round of life again. [1]

The Readjustment of the Bereaved

The process of grief-work and the culturally prescribed ways of relating to the spirits of the dead are both aspects of the same reality. In our culture, we have learned to emphasize mourning and smile at the mention of ghosts. We can understand bereavement, but not such a custom as the Eve of All Hallows, where the souls of the Celtic departed "were supposed to revisit their old homes in order to warm themselves by the fire

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[1] Ibid., 193-95.

and to comfort themselves with the good cheer provided for them. . . by their affectionate kinsfolk."[1]

If our society has succeeded in banishing ghosts to the realm of superstition, it has not been particularly successful in handling grief. Some ethnological and psychiatric observers have commented upon the innate wisdom of some primitive customs as contrasted to our own. This is the context of Mandelbaum's discussion of the Dry Funeral of the Kota, which "effectively assuages grief and provides personal reorientation." It "provides an occasion for summoning up a person's latent grief, for expressing it, and then for terminating it. . . The several phases of the ceremony bring the bereaved back to normal status in gradual and socially approved stages."[2] The ceremonies, he points out, give the bereaved a new sense of belonging to an undergirding social order. The feelings of grief are expected, accepted, and acted out.

The stress of bereavement is related to the structure of interpersonal relationships in a society. This is the thesis of an article by Volkart analyzing the social background which makes bereavement such a

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[1]J. Frazer, The New Golden Bough, ed. by T. Gaster (New York: Criterion Books, 1959), 631.

[2]D. Mandelbaum, op. cit., 198.

serious mental health problem in our culture. In some societies, child-rearing is shared by many adults in an extended household: a child may call several adults "father" or "mother". Emotional attachments in childhood and adult life are spread out, and not confined to a few all-important individuals. And some societies provide for a quick remarriage of the widow through the levirate, so that her loss is quickly replaced. Such a system makes grief easier, as among the Ifaluk people of the South Seas:

> As soon as the funeral was over, the bereaved were able to laugh, smile, and behave in general as if they had suffered no loss or injury at all. Their "grief" seemed to disappear as if by magic, and this too was approved by custom.[1]

Volkart contrasts this emotional flexibility with the over-dependency which makes grief-work so difficult in our society, where the small family lives under one roof apart from relatives and neighbors. Father, mother and siblings become all-important in the emotional development. We idealize this dependency in our concept of romantic love and in our customs of courtship, marriage and child-rearing. And we question either the morality or the sanity of a person who faces bereavement with the easy-going detachment described above.

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[1] E. Volkart, "Bereavement and Mental Health," Explorations in Social Psychiatry, ed. by A. Leighton, J. Clausen, and R. Wilson (New York: Basic Books, 1957), 292.

Another cause of stress is the culturally defined role behavior expected of those in mourning. In our society, according to Volkart, bereaved persons are expected to show grief and loss, and are under pressure to act out the role of the mourner. If he does not have these feelings, he may experience guilt. Out of fear of social disapproval, he may play the hypocrite and pretend to be grieving when he is not.

Yet another conflict imposed by our culture is the idea that it is effeminate to show deep emotions; and yet society expects and looks for signs of grief. If a man shows no feeling at a funeral, he may be thought cold and heartless; if he weeps publicly, he may be thought weak, and his behavior repulsive, although people will try to "understand," and will excuse this unfortunate "breaking down" as a token of "deep love." Some men, feeling sorrow, are ashamed to appear in public; others, who do not grieve deeply, may feel embarassed when others treat them as if they were suffering from some inner agony.[1]

This dilemma is expressed in a pamphlet for mourners used in church literature racks. The theme of the message is that one should not try to cover up one's sorrow. "Excessive feelings of guilt are natural reactions

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[1] Ibid., 298.

in grief. They're common to mankind. We cannot escape them."

> As Augustine wrote at the death of a young friend: 'I could not see how the sun could shine when half my soul lay dead.'. . . That's the way we should feel, and express our sorrow sincerely, unaffectedly, without any false grief, or any false bravery, either. .
>
> Death is a real loss, a terrible rending and separation for us human beings. So. . . recognize your humanity and don't try to cover up your sorrow. . .
>
> So many of us try to appear brave. . . We keep saying to ourselves, 'Oh, I shouldn't be crying. I'll try not to make a fool of myself. Well, I suppose there is some subtle stoical virtue to that. . . But most of us aren't made that way. [1]

There is virtue, writes this minister, in being brave and not showing emotions. But since true humanity involves inevitable morbid guilt feelings, we should express deep sorrow sincerely.

We are instructed by our culture not to display grief in public. Then we are told that we are inhuman if we do not have deep grief. Then we are told to be sincere. It is no wonder that some mourners are ashamed to be seen in public following a death, as if their very presence constituted a social nuisance. The net result of these social pressures is that many persons repress and do not resolve their grief. As a mental hospital chaplain, I have frequently seen patients whose half-buried sorrow

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[1]Anonymous, "When Death Has Taken One You Love," (Boston: The Pilgrim Press, undated).

and guilt had contributed to their emotional disturbance.

That such repression of grief constitutes a serious mental health problem in our society is not the issue here. We are concerned with the effect it has on those who face dying. How does our American culture interpret death, and help or hinder wholesome behavior in the face of it? What cultural factors should the pastor take into account in his ministry of understanding and helping dying persons?

Death in American Culture

A basic feature of our society is that it is polyglot. Different traditions exist side by side, lending confusion and doubt to our thinking about death. Unlike the members of simpler societies with traditional views and and socially prescribed forms of behavior consistent with those views, we are pluralistic. We hear that "all roads lead to heaven," that all forms of faith have some value, and that no man's religiosity should be questioned.

Our Roman Catholic neighbors have masses said for their dead; our Jewish neighbors go unshaven in mourning; and the man who claims to be a tough-minded realist may want a quick cremation and his ashes scattered at sea. Such pluralism, combined with increasing faith in science, has led many to doubt all beliefs and practices involving religious faith.

The atheistic philosophy of secular humanism, combined with pragmatic, mechanistic thinking has struck not only anthropologists returning from primitive societies, but theologians as well. As we shall see later in the chapter on beliefs and attitudes, there is evidence that skepticism about life after death has grown steadily in our country. In Europe, it appears that the secularization of life is even more pronounced. Man lives in this world as a momentary biological phenomenon and then dies.

Gabriel Vahanian attempts to chronicle the corrosion of Christian faith in our society in his book, The Death of God.

> Our culture is no longer transcendentalist but immanentist; no longer sacral or sacramental, but secularist or profane. . .
>
> The essentially mythological world-view of Christianity has been succeeded by a thoroughgoing scientific view of reality, in terms of which either God is no longer necessary, or he is neither necessary nor unnecessary: he is irrelevant--- he is dead. [1]
>
> In America, as elsewhere, the entire cultural setting is that of a post-Christian era. More than the ceremonies and rituals are put into question. As the ersatz religiosity of the nineteen fifties put into evidence, the Christian faith itself has been undermined.[2]

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[1] G. Vahanian, The Death of God: The Culture of Our Post-Christian Era (New York: George Braziller, 1961), xxxii.

[2] Ibid., 202.

This decay of belief in immortality is cited by an English anthropologist as a reason why Englishmen cannot come to terms with the reality of death. Gorer writes that such belief is "very uncommon today, even in the minority who make church-going or prayer a consistent part of their lives; and without such belief, natural death and physical decomposition have become too horrible to contemplate or discuss."[1]

> It seems symptomatic that the contemporary cult of Christian Science should deny the fact of physical death, even to the extent. . . of refusing to allow the word to be printed in the Christian Science Monitor.[2]

Gorer believes that the prudish taboo on the mention of death has lead to a pornography of death which is psychodynamically analogous to sexual pornography in that it deals with a subject from which children are protected and prohibited.

> While natural death became more and more smothered in prudery, violent death has played an ever growing part in the fantasies offered to mass audiences---detective stories, thrillers, Westerns, war stories, spy stories, science fiction and, eventually, horror comics.[3]

Our ancestors encouraged children to think about death. The honorable deaths of good men, and the ugly

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[1] G. Gorer, "The Pornography of Death," Identity and Anxiety: Survival of the Person in Mass Society. Ed. by M. Stein, A. Vidlich, and D. White. (Glencoe, Ill.: The Free Press, 1960), 405.

[2] Ibid. [3] Ibid.

deaths of bad men, were used as moral examples. People talked about death in front of the children, and deaths (which occurred most properly in the home) were witnessed by all. In that same (Victorian) culture, sex was unmentionable in the presence of children. Now sex is openly discussed, and death has become taboo.

> Our great-grandparents were told that babies were found under gooseberry bushes or cabbages; our children are likely to be told that those who have passed on. . . are changed into flowers or lie at rest in lovely gardens. The ugly facts are relentlessly hidden; the art of the embalmers is an art of complete denial.[1]

A strange dichotomy exists in American culture between the taboo on death as an object of conversation and the constant portrayal of violent death in the news media and on television. The same parents who watch Westerns avidly and whose children read horror comics and see horror movies may be strangely ill at ease when asked a simple question about death. Not a few people have looked at me with dismay when I have told them I am writing about death, as if I were violating a basic canon of human decency.

This taboo on talking about death is of crucial importance in our consideration of the ministry to the dying, because dying persons, as well as the bereaved, are rejected emotionally in our society, and find themselves in a kind of solitary confinement. Others feel

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[1] Ibid., 405.

uncomfortable in their presence, not knowing what to say, and talking about trivia. "Well-meaning" friends send get-well cards to the dying, and condolences to the bereaved. The resulting loneliness can be most appalling, as the sick and dying person, in his initiation to being a corpse, becomes a patient in the confines of a modern, sanitary hospital, awaiting the event about which he is not supposed to think, and about which no one has anything to say.

In discussing bereavement, Mandelbaum points out that "American culture has, in certain respects, and for some Americans, become deritualized. Persons bereaved by a death sometimes find that they have no clear prescription as to what to do next. In such cases, each has to work out a solution for himself. After the typical period of shock and disorganization, these mourners can receive little help toward personal reorganization."[1] The same condition is true for those facing death. There are no socially approved courses of action available, except to be quiet and not talk about it. In such a situation, anxieties mount, not simply about dying, but about being cut off already from the world of the living. To enter into the personal world of the dying person as one who is still available for simple human interaction, is a simple but crucial feature of the ministry to the dying.

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[1]Mandelbaum, op. cit., 214.

One other feature of death in American culture which we will bypass here is the funeral. Leroy Bowman, a sociologist, has described the American funeral cult in a careful study which he subtitles "A Study in Guilt, Extravagance and Publicity."[1] It is essentially a portrait of what is inevitable in a culture in which people can no longer face death realistically: the commercial exploitation of bereavement.

Summary

In studying any area of life involving intense emotions, it is useful to survey how various peoples of the world have handled the problem. We have seen that death is a cultural as well as simply a biological phenomenon, and that the meaning of death is given by cultural traditions, as well as prescribed patterns of emotion and conduct, and group rituals for dealing with the crisis.

These vary widely, depending upon the quality of interpersonal relations, the beliefs about dying and immortality, and the dominant values of the culture. The idea of the immortality of the soul, in many variations, is universal in primitive societies and as ancient as the Old Stone Age.

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[1] L. Bowman, The American Funeral. A Study in Guilt, Extravagance and Publicity. (Washington, D.C.: Public Affairs Press, 1959).

We have examined the ways certain societies handle specific problems which must universally be faced when death occurs: (a) disposing of the body; (b) determining the cause of death; (c) protecting the community against the things that cause death; (d) appeasing the ghost of the deceased, and gradually urging him to depart to some remote place; (e) supporting the survivors during mourning, and helping them establish new relationships.

Handling these inescapable problems is not an easy matter anywhere, but dealing with death is especially difficult in our culture for various reasons. Of many factors which might be cited, these seem important:

(a) religious pluralism and confusion in a secular culture, with growing skepticism regarding the immortality of the soul;

(b) materialism: the belief that what matters most in life is wealth or status or aesthetic enjoyment or some other transient value;

(c) over-dependency on parents and spouse as a feature of the small-family system, combined with a romantic notion of love and marriage;

(d) conflicts built into the prescribed bereavement role which requires the individual to feel deep loss and sorrow and yet discourages overt expression of emotion;

(e) consequent burdens of unresolved grief in many members of our society;

(f) the banishment of dying from home to hospital;

(g) the taboo on discussing death openly, especially with children;

(h) the resultant isolation and loneliness of the bereaved and the dying.

III. THE CHILD'S DISCOVERY OF DEATH

Studies of Children

It is useful, in trying to understand beliefs and attitudes about death and dying, to investigate the development of such beliefs and attitudes in children, as they participate in our culture and learn to respond to death. The fear of death plays such a significant role in the emotional difficulties of persons in European and American culture that numerous studies have been made of childhood experience, both through the analysis of adult memories and the direct study of children.

Exploration of adult memories is basic to psychotherapy, and a voluminous literature traces the origins of adult fears to childhood experiences. Psychiatric studies, originally studies of neurotic and psychotic persons in therapy, have been broadened to include investigation of normal persons, as in a study by Frank N. Caprio of one hundred adults selected at random, who were asked to recall their childhood reactions to death through the method of free association.[1]

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[1] F. A. Caprio, "A Study of Some Psychological Reactions During Prepubescence to the Idea of Death," The Psychiatric Quarterly, XXIV (1950), 485-505.

In the field of child studies, three investigations have been conducted with groups of children to determine their beliefs and attitudes about death. The British psychologist Sylvia Anthony conducted one such study at a time when England was threatened by German invasion. She studied ideas about death in 98 children, ages three to ten, using such devices as the story completion, the interview, and the reports of parents and teachers who wrote down the spontaneous conversations of their children.[1] A few years later, in Hungary, Maria H. Nagy studied 378 children in Budapest, ages three to ten. Clinical interviews with these normal children from varied backgrounds sought to establish rapport and elicit the thoughts and feelings of the children about death. The older children had been asked, previously, to write down all they could think of about death.[2] In the United States, research along the same lines has been carried on by the Gesell Institute of Child Development at Yale University.[3]

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[1]S. Anthony, The Child's Discovery of Death (London: Kegan Paul, 1940).

[2]M. H. Nagy, "The Child's View of Death," The Meaning of Death, edited by H. Feifel (New York: McGraw Hill Book Co., 1959), 79-98.

[3]F. Ilg and L. Ames, Child Behavior (New York: Dell Publishing Co., 1955), 332-38.

The data presented in these three studies is so uniform in nature that it will be possible here to present the material as if it were emerging from a single study. The order will be according to the developmental patterns of different age groups, e.g., at age six most children begin to think thus-and-so about death. While it is possible to make such generalizations, a particular child's beliefs and attitudes may vary widely from the "norm," since he is influenced by the nature of his experiences with death, the beliefs and attitudes of his parents and siblings, and the emotional climate of the home.

Infancy

Our researchers could not include infants in their studies, for by definition, infancy is the pre-verbal era of life. Yet it is the time when a person's basic attitudes towards life are formed. Psychiatrists seem to be unanimous in asserting the importance of the infant's experiences as basic to further personality development. This is especially true of schizophrenics, who seem incapable of developing the ego strength necessary for coping with the demands of adult life. In describing their predicament, the psychiatrist John N. Rosen uses the analogy of the leaning tower of Pisa. He speaks of the failure of the mother as resulting in a weak foundation for all of the child's later development.

[illegible]

[illegible]

> It is like the leaning tower of Pisa. . . The tower was built on a shallow, uneven foundation, and . . . was fated for instability. . . At each critical period in development, the child will be shaken. . . Coming after years of fear, after the wear and tear of fighting each successive onslaught. . . the whole tower of Pisa reaches a certain height, and then, no longer able to withstand the pull. . . of gravity, the whole psychologic structure crumbles back to what it started from, a shaky foundation.[1]

The fortunate infant is surrounded with warmth and tenderness. He is wanted, loved, admired, cuddled, given milk and food when he wants it, to his heart's content, by that wonderful but nebulous entity which might be called Good Mother. Nothing is expected of him but to exist, and his existence is a source of profound blessing to Mother. When he is uncomfortable, he cries, and his cry elicits tenderness in Mother. He learns to trust, to taste and see that life is good.

Since every human being is subject to anxiety at times, the perfect mother described above can hardly be said to exist. No matter how adequately the infant's physical needs are met, the mother transmits to the infant her own anxiety. According to Harry Stack Sullivan, the infant absorbs this vague, unmanageable anxiety through a process which he calls <u>empathy</u>.

> Empathy is the term that we use to refer to the peculiar emotional linkage that subtends the relationship of the infant with other significant

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[1] J. N. Rosen, <u>Direct Analysis</u> (New York: Grune and Stratton, 1953), 100-101.

> people--the mother or the nurse. Long before there are signs of any understanding of emotional expression, there is evidence of this emotional contagion or communion.[1]

Eventually, according to Sullivan, the infant learns to perceive certain concomitants of maternal anxiety, such as tone of voice or facial expression, and develops a personification of "Bad-Mother" alongside that of "Good-Mother."[2] This transference of feeling-tone is such an obvious and important fact in the observation of infants that some have inferred a prenatal influence. Although this is pure speculation, it can be observed that pregnant women who manifest considerable anxiety and negative or ambivalent attitudes towards their babies often have a more difficult pregnancy than those who are more secure and who want and love the baby growing within them. In one study of pregnant women the researchers concluded:

> On the whole, those with much tension and anxiety prior to pregnancy continued similarly during the pregnancy period, while those with little anxiety prior to pregnancy similarly showed little anxiety during pregnancy. Previously existent personality difficulties were often accentuated during pregnancy. . . Physical symptoms during pregnancy were found to be related to the stability of the mother, whether the child was wanted, and a favorable marriage adjustment.[3]

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[1]H. S. Sullivan, Conceptions of Modern Psychiatry (New York: W. W. Norton, 1953), 17.

[2]H. S. Sullivan, The Interpersonal Theory of Psychiatry (New York: W. W. Norton, 1953), 90.

[3]H. R. Klein, H. W. Potter, and R. B. Dyk, Anxiety in Pregnancy and Childbirth (New York: Paul B. Hoeber, 1950), 69-70.

However crippling it may be for an infant to absorb large amounts of maternal anxiety, it is still more devastating to be deprived of maternal affection altogether. This has been graphically demonstrated in a classic study by Rene Spitz, who observed the infants of unwed mothers in two nurseries. All infants received adequate attention to their physical needs, but those who received the intimate affection of their mothers showed much more health and vitality. Those who were separated from their mothers rejected their environment and withdrew into themselves. Their development became retarded and reaction to stimuli slowed down. There was a general appearance of dejection and stupor, loss of appetite, and insomnia.[1] Spitz called this "anaclitic depression." It was observed that with the return of their mothers after a period of separation, some infants again became suddenly friendly, gay, and approachable. The sadness disappeared as if by magic, and the development quotient immediately began to rise.[2]

The psychoanalyst Melanie Klein traces the roots of depression to early childhood. "Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contacts with loved people, increase ambivalence, diminish trust and hope, and

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[1]R. Spitz, "Anaclitic Depression," The Psychoanalytic Study of the Child (New York: International Universities Press, 1946), II, 316.

[2]Ibid., 330.

conflict anxieties about inner annihilation and eternal persecution."[1]

While the infant has no notion about death, it is nevertheless developing basic attitudes of trust or of distrust towards life, attitudes which will pervade later experience.[2] In a crisis, the person who has known love and protection in infancy will call upon this basic reservoir of faith, as did the psalmist: "Though I walk through the valley of the shadow of death, Thou art with me; Thy rod and thy staff, they comfort me."[3]

> O Lord, my heart is not lifted up,
> my eyes are not raised too high;
> I do not occupy myself with things
> too great and too marvelous for me.
> But I have calmed and quieted my soul,
> like a child quieted at its mother's breast;
> like a child that is quieted is my soul.
> O Israel, hope in the Lord
> from this time forth and forevermore.[4]

Early Childhood

Now we turn to the era which Sullivan calls "childhood"--extending "from the appearance of the ability to articulate sounds of or pertaining to speech, to the appearance of the need for playmates."[5] The three

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[1]Cf. M. Klein, "Mourning and Its Relation to Manic-Depressive States," International Journal of Psychoanalysis, XXI (April, 1940), 128.

[2]Cf. the discussion of "Faith and Trust," Religion in the Developing Personality (New York: Academy of Religion and Mental Health, 1960), 1-7.

[3]Psalm 23:4-5. [4]Psalm 131.

[5]H. Sullivan, The Interpersonal Theory of Psychiatry (New York: Norton & Co., 1953), 33.

studies of children cited above (Anthony, Nagy, and the Gesell Institute)[1] agree in their observation that the preschool child cannot understand death as the end of creaturely existence. For him there is no definitive death. He can understand that the deceased have gone away, but he cannot understand non-existence. He may react with some emotion to such departure, but in general his vague notion of death is likely to have few emotional overtones.

Anthony cites the reaction of a three year old child to the death of her mother:

> She was alone with her mother at home, when the mother, as she was making a bed, suddenly fell upon the floor and apparently died instantly of heart failure. The father returned to find the mother dead, and the little girl asleep on the floor beside her.[2]

Four months later, the child quite happily told her teacher about the event: "Mother lay down on the floor and went to sleep, so I went to sleep, too."[3] Young children are incapable of deep grief, and readily adjust to the death of a significant person, if they are given the love and security to which they are accustomed.

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[1]See page 57.

[2]S. Anthony, op. cit., 102.

[3]Ibid.

[illegible]

[illegible]

[illegible]

The preschool child does not see death as an irreversible fact. "He attributes life and consciousness to the dead. There are two variations to this affirmation: (a) death is a departure, a sleep--this denies death entirely; and (b) the child recognizes the fact of physical death but cannot separate it from life--he considers death as gradual or temporary."[1]

Nagy gives several examples:

> "The dead close their eyes because sand gets into them." (3 years, 11 months) . . .
>
> "It can't move because it's in the coffin."
> "If it weren't in the coffin, could it?"
> "It can eat and drink." (4 years, 8 months). . .
>
> "It's eyes were closed, it lay there so dead. No matter what one does to it, it doesn't say a word. . . It will always be older and older. When it is a hundred years old, it will be exactly like a piece of wood. (Now?) That I couldn't say. My little sister will be five years old now. I wasn't alive yet when she died. She will be so big by this time. She has a small coffin, but she fits in the small coffin. . . Lying down, always just lies there. She's still so small, she can't be like a piece of wood. Only very old people." (5 years, 0 months) . . .
>
> "What happens there under the earth?"
> "He cries because he is dead."
> "But why should he cry?"
> "Because he is afraid for himself." (4 years, 11 months). . .
>
> "If somebody goes to bed and doesn't get up, he's dead or ill. . . At funerals you're not allowed to sing, just talk, because otherwise the dead person couldn't sleep peacefully. A dead person feels it if you put something on his grave. . . Slowly, slowly he hears everything." (4 years, 10 months).[2]

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[1] M. Nagy, op. cit., 81.

[2] Ibid., 81-83.

Children from Five to Eight

During the early years of elementary school, the child gets a firmer grasp on the nature of death, begins to associate it with emotions, and thinks about it a great deal. Unlike adults, who in our culture associate death with painful emotions and suppress thinking or conversation about it, children are quite concerned about it and show marked curiosity. Sylvia Anthony asked her subjects to complete stories she started, and reports:

> In our story openings, there was of course no reference whatever to death. Even so, out of 98 children tested, 45 referred to death, funerals, killing, or ghosts, in their completion of the stories, and a further five did so spontaneously during the test interview.[1]

According to Caprio, "The phenomenon of death apparently constitutes the greatest enigma in the psychic life of the child."[2]

Of the three studies cited, only that of the Gesell Institute attempts to analyze the thinking of specific age groups. At age five, the Institute researchers note that the concept of death becomes more accurate and factual. Many recognize that death is the "end." "They recognize the immobility of the dead. They may like to avoid dead things--as birds and animals."[3]

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[1]S. Anthony, op. cit., 36.

[2]F. Caprio, op. cit., 504.

[3]F. Ilg and L. Ames, op. cit., 333.

Most, at five, believe they will live forever, and that only other people die. The child begins to show some concern that his mother may one day die. Some children believe in the reversibility of death by coming to life again through revitalization or rebirth.[1]

Children at age five tend to be calm and matter of fact about many things, including death. But at age six, in most children, a violent and emotional phase begins, and "I'll kill you!" is screamed at mother, father, brothers, and sisters.[2] This aggressiveness is associated with the fear that these wishes will come true, and one of the chief worries of the six-year-old is that mother may die and leave him. The struggle for self-control of aggression is illustrated by one child of six, who said, "I don't bite mothers. And if I kick anybody, I say, 'I didn't mean it.' I had a real mother. She died."[3]

This fear of one's death-wishes is reflected in a very strong belief, at age six, in the reversibility of death. If people die, it doesn't matter; they will come back to life. One child remarked, "When a man comes and says magic, he can get up after he is dead. They put him in a grave. He stays in the grave till

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[1] Ibid., 335.

[2] Ibid., 336.

[3] Ibid.

Saturday--then he can come out."[1] The fear of killing and of losing mother or being killed makes death a matter of strong emotion for most six-year-old children, although their intellectual grasp is considerably increased.

At age seven, the child is likely to be calmer. His idea of death is reasonably clear, although he tends to avoid looking directly at the idea of death by focusing his interest on the coffin, funeral, and graveyard. Often such interest is intense. He may also be curious about the causes of death--old age, disease, violence. He now begins to suspect that one day he, too, will die. Some deny this vehemently, while others accept it calmly.

> "If Granny dies I shall cry, but not for long. I shall be unhappy for you [mother] because you have no mother. I shall be extra nice and be your Mother. . . . I might die next year when I'm eight. I might die before my birthday. Or I might die before Christmas and get no presents. I might die next month--or next week--or this next minute. But I don't feel like it. I want to wait and die when you and Daddy die--it would be nice to die all together."[2]

At age eight, according to the Gesell Institute, the child is typically less morbid and more expansive, and "has usually progressed from an interest in graves and funerals to interest in what happens after death."[3]

> "After you die, you get buried. You don't feel it. If you're good, you go to Heaven. God takes you out of the box and brings you to Heaven. God makes you alive. If you're bad you go to Hell and the Devil burns you up."[4]

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[1] Ibid., 336. [2] Ibid., 337. [3] Ibid.

[4] Ibid., 337-38.

In Nagy's study, she groups together children from five through eight years of age and categorizes their attitude toward death as "Stage Two: Personification of Death."

> Two-thirds of the children studied in this group imagine death as a distinct personality. Either they believe in the reality of the skeleton-man or individually create their own idea of a death-man. The death-man is invisible. . . without a body. . . [or] goes about in secret, mostly at night.[1]

> In comparison with the first stage where death is denied, we find in this second stage an increased sense of reality. The child already accepts the existence of death, its definiteness. On the other hand, he has such an aversion to the thought of death that he casts it away. . . It exists but is remote from us. . . not inevitable. Only those die whom the death-man catches and carries off. Whoever can get away does not die.[2]

Nagy does not cite any examples for this age group that do not fit this category. By contrast, the report of the Gesell Institute researchers cited does not mention any examples of death personified, and Anthony does not make a point of it, although she mentions that children often fear death by robbers or burglars. What can account for this discrepancy? The bias of the interviewer? The cultural milieu? The attempt of parents to frighten children into being good by stimulating fear of the Death-Man? One is tempted to liken this belief to the paranoid defense and call to mind the paranoid flavor of Slavic literature and politics. Whatever the explanation might

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[1]M. Nagy, op. cit., 95. [2]Ibid., 95-96.

be, it seems likely that we see here a cultural influence determining the ideas which children develop about death.

Ages Nine and Ten

Finally, usually at age nine or thereafter, children are fully ready to come to terms with the idea of death. It is now seen as the universal and inevitable end of life. The child who previously believed that only the wicked die, or who was obsessed with such trappings as the funeral and the cemetary, or who believed in the reversibility of death, now knows that one day, like every other living thing, he will die. "When you die you have no pulse and no temperature and you can't breathe."[1]

> "It means the passing of the body. Death is a great squaring of accounts in our lives. It is a thing from which our bodies cannot be resurrected. It is like the withering of flowers."
>
> "Death is the termination of life. Death is destiny. We finish our earthly life. Death is the end of life on earth."
>
> "I think it is part of a person's life. Like school. Life has many parts. Only one part of it is earthly. As in school, we go on to a different class. To die means to begin a new life. Everyone has to die once, but the soul lives on."[2]

Whether the child now sees death as the end of existence or as a stage of existence, he now sees it as a part of his life.

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[1]F. Ilg and L. Ames, op. cit., 338.

[2]M. Nagy, op. cit., 96-97.

A Thematic Analysis of Children's Beliefs

In summarizing these child studies, I shall try to present in a logical and chronological fashion a series of statements which illustrate the child's discovery of death.

(1) "There is only life." To put such words into the mouths of infants is absurd, of course. The infant has no concepts, either of life or of death. He may have experienced unrelieved pain, anxiety, rejection and deprivation, resulting in an insecure, distrustful attitude towards life. The fortunate infant is rooted and grounded in love. There is no distinction between animate and inanimate. The infant would seem to regard himself as the center of the universe and to believe that "it will go on forever."

(2) "Some people die, but it is not the end." Death is sleep; a departure, like any other going away; a kind of coma, to be followed by a return to life. The corpse thinks and feels and hears and continues to grow. "Some may die, but surely Mother and Father and I will live forever."

(3) "People die when they get old or sick."

(4) "When people die, there is a funeral." Death is associated with caskets, flowers, mourning, burial, and cemeteries.

(5) "Some people are killed." They are killed because others want them to die. The young child cannot understand the concept of "accident." He hears of people being killed and sees it on television. Killing is associated with anger, aggression, and punishment. The child is angry at others, and they are angry at him.

(6) "I can kill." "When others get in my way or hurt me, I want to do away with them" Anger means wanting to kill. (Cf. Matthew 5:21-24.) Killing is a form of having power over others and proving that one is big. The young child has a magical conception of causality: things happen as they are thought, wished, or acted. There is only a vague distinction between anger or hatred (wanting to kill) and murder. The young child has not yet developed adequate inner controls; he acts impulsively and must learn self-control through rewards and punishments.

(7) "Someone may kill me." "When I am bad (and sometimes when I am not bad), Mother and Father become angry and punish me." Being aggressive is frowned upon or punished, therefore, "If I kill (by thought, word, or deed) I will be killed in punishment." Although the usual child, in his need for security, cannot admit it, it is not unusual for parents to feel like doing away with the annoying child. Much to our horror, it sometimes happens. It is a recurrent theme in folklore (cf. Snow White and the wicked queen, Hansel and Gretel and their punishment

to the forest). In the child's guilt fantasies and dreams, he is not threatened by the parents but by ghosts, witches, wild animals, giants, robbers, and the "Death Man."

(8) "If I am good, I will live." The child seeks to suppress or deny his hostile impulses in the effort to avoid punishment.

(9) "Everyone dies. Some day I shall die." Death is an inevitable part of the life-process. The older child has gained control over his hostility and sees that most people die of "natural" causes at an old age. The data in these child studies does not indicate whether all children at this stage believe in the immortality of the soul, although it is a common belief. The child turns outward, becomes interested in playmates and in the world around him. He learns to distinguish between fact and fantasy, between the public world of deeds and words which are rewarded or punished and the private world of fantasy, into which others cannot peer.

Caprio's Study of Adult Memories

A study of the memories of childhood experiences, beliefs, and attitudes of 100 unclassified adults yielded the following results:[1] (1) Almost all had been afraid of the dark; the imaginative child was afraid of ghosts. Fear of the dark persisted in some instances into adult life.

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[1]F. Caprio, op. cit., 503.

(2) Some neurotic fears in adult life developed as a consequence of having attended funerals during childhood and having been told weird stories about ghosts. (3) Death is the greatest enigma of childhood. (4) Anxiety reactions resulted from unconscious identification with the dead. The partially repressed thought of having to die inflicts a serious blow to the child's narcissism. Some react to this threat to their omnipotence by denying the reality of death. (5) Death meant departure to another world, since they had been taught about immortality at an early age. (6) Those who were taught that Hell was the destination of sinners had suffered more anxiety and fear of death. (7) Many neuroses in adults can be traced to traumatic experiences involving death in childhood. (8) The data has implications for child training and for psychotherapy.

A Study of the Fear of Explosion

Regular air raid drills during World War II in the schools of New York City were for most children a matter of dull routine. Some, however, became acutely anxious, and studies were made of these children. Their intense fears of bombs exploding and houses being blown to bits were found to be a projection of their own repressed anger. "All were individuals concerned with problems of control and who feared that their own aggressive impulses would

get out of hand. . . The fear of bombs exploding seemed to be a projection of the more basic fear of the explosion of the physical self. . . and the panic. . . was an expression of their fear of their own rage."[1]

> Such fear seems to occur in individuals who, in the course of exposure to severe restraints and thwarting of their own growth, have become concerned with problems of control. Essentially it represents a fear of destructive forces emanating from within the self and tends to manifest itself when the controls are beginning to break down or are not yet firmly established.[2]

This calls to mind the Gesell Institute findings[3] that the typical stormy six year old fears death and the loss of his mother and clings to the idea that death is reversible. The data would seem to suggest the hypothesis that the fear of death from the age of about six (and, as will be indicated later, throughout life), is associated with aggression; and that it increases during times of stress, especially in basically insecure persons.

Mental Hygiene Implications

The implications of these studies for those who would minister to the threatened or dying person are great, for the most significant part of such a ministry is carried out in the early years by the parents of a child,

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[1]M. Borgum, "The Fear of Explosion," American Journal of Orthopsychiatry, XIV (1944), 349.

[2]Ibid., 354. Cf. also M. Wolfenstein, op. cit., 7.

[3]Supra, 66.

even before the child is aware that there is such a thing as death. The way he will respond to threatening situations and to death throughout life is largely determined by the nature of his early relationship with his parents. If he is not given the love and support he needs in childhood, he will always lack the foundations upon which a strong personality can be built. Psychotherapy or religion may help to support and even modify the shaky personality, but it cannot change the basic early experience. The fear of death and the effort to hide from it is most pronounced in insecure and emotionally disturbed children (and adults)..

Death is a part of life with which the growing child must come to terms. The basic task of education, which is carried out largely by the parents, is to help the child come to terms with reality. But if the parents cannot simply accept death for what it is, they will transmit their anxieties, beliefs, and attitudes to the child. Children want to come to terms with this strange reality of death at their own pace. They need to be able to reach out to their parents with questions, and to be able to get honest and realistic answers.

Our studies of children would indicate that parental aggression plays a large role in the distorted ideas and attitudes that children develop. Whether this takes the form of inciting fear of ghosts and hell and being killed; or whether it masks itself in parental

overprotection which seeks to shield the child from coming to terms with death, it is harmful. The realities of death are presented in such a terrifying way, or are so smothered over by a blanket of anxiety, that conversation is suppressed, and death becomes a taboo thing. Just as sex is driven underground in the anxious atmosphere of some homes, only to reappear in distorted form, so death is driven underground, surrounded with unrealistic fears. This increases the loneliness of the child, who feels that he harbors within him fears and curiosities which, if spoken about, would bring rejection.

The implications of this analogy of repressed fear of death with repressed fear of sexuality for the treatment of the emotionally disturbed has been discussed by the psychiatrist C. W. Wahl, as well as by Caprio.[1] Wahl points out the elaborate efforts by which we protect ourselves from the fact that we will die.

> We flee from the reality of our eventual deaths with such purpose and persistence and we employ defenses so patently magical and regressive that these would be ludicrously obvious to us if we should employ them to this degree in any other area of human conflict.[2]

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[1] F. Caprio, op. cit., 504.

[2] C. Wahl, "The Fear of Death," The Meaning of Death, edited by H. Feifel (New York: McGraw Hill Book Co., 1959), 18.

> Study of the fear of death and the predominantly magical defenses against it are extremely important. For it is the consistent experience of psychiatry that any defense which enables us to persistently escape the perception of any fundamental internal or external reality is psychologically costly. . . [it] uses up energy which must be drawn from other sources, leaving us less for the business of living in an unhampered, free and creative way.[1]

> The fear of death, like the fear of sexuality, when deeply repressed is heavily and expensively symbolized. . . The fear of death is in reality two things: a realistic concern that someday we shall cease to be and, secondly, a variety of other anxieties which parade under the panoply of death fear. . . [such things as] the fear of abandonment and the fear of talion punishment.[2]

The implication for mental health is clear: we are to seek and find and live in the truth, "speaking the truth in love"[3] to our children, that they may no longer be "tossed to and fro and carried about with every wind of doctrine, by the cunning of men, by their craftiness in deceitful wiles."[4] As an example, here is a letter written to the Gesell Institute by the father of a five year old girl whose baby brother had died:

> My son died at five months of age, when my daughter was five years old. There are no other children. We found truth to be our most valuable asset. We allowed our little girl to participate in the truth with her eyes, ears, and body. The truth to her did not contain the elements of sorrow and grief that it did to us. She danced and sang and played her way through the tragic days of his death, service, and burial.

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[1]Ibid., 19. [2]Ibid., 28. [3]Ephesians 4:15.

[4]Ephesians 4:14.

> At the minute after the baby's lungs no longer took in any air she was allowed to see him. Her daddy held her in his arms. She requested to return to "touch" him. She was allowed to and felt his little hand did not squeeze hers in response. Our decision to give her this opportunity was a difficult one for us to make but the next day we were satisfied with our choice because she volunteered: "Daddy, I know Billy's dead because I saw him." This was the foundation for the days which followed in which relatives and friends talked, cried, and grieved--all or part of which was seen and participated in by her.
>
> . . . Helping her to understand and accept the truth has had great benefit for me, her mother. Each time I had to search for simple language with which to explain to her, I found renewed strength in facing the Reality and Finality of what had happened. . . With Truth as our guiding goal, we helped her and she helped us.[1]

Children are seldom allowed to face reality so directly. Not all would be ready or would ask to face the situation as this child did. Certainly her courage was secondary to the courage and realism of her parents. When death strikes, we need to bury the dead. But it is dangerous to bury our feelings.

A Study of Adolescent Attitudes Toward Death

A psychologist, Robert Kastenbaum, studied the attitudes toward death in 260 students of both sexes in a California high school.[2] "Within the limits of this

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[1]F. Ilg, and L. Ames, op. cit., 334-35.

[2]R. Kastenbaum, "Time and Death in Adolescence," The Meaning of Death, ed. H. Feifel (New York: McGraw Hill Book Co., 1959), 99-113.

adolescent has one frame of reference in terms of which he regards most things; but death is separated from this dominant view, and structured much differently."[1]

Through a variety of objective techniques, a study was made of these adolescents' structuring of their own past, present and future. Lastovicka found that (1) "The adolescent lives in an intense present; 'now' is so real to him that both past and future seem pallid by comparison. Everything that is important and valid in life lies either in the immediate life situation or in the rather close future. (2) Extremely little explicit structure is given to the remote future. . .[they] regard their remote time fields as risky, unpleasant, and devoid of significant positive values. (3) More explicit structuring is given to the past than to the remote future by most of the adolescents tested. . .[although] the past, too, is seen as a risky, unpleasant. . .confusing place, where the adolescent is none too sure of his personal identity."[2]

Most adolescents manifested "a very low tolerance for acceptance of death-connoting experiences"[3] (being alone or in a dark room) and, on the other hand, an extreme, active rejection of ideas connected with old age and death.

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[1] Ibid., 102-103.

[2] Ibid., 104.

[3] Ibid., 109.

one investigation a rather clear cut phenomenon can be observed: the adolescent has one frame of reference in terms of which he regards most things; but death is separated from this dominant view, and structured much differently."[1]

Through a variety of objective techniques, a study was made of these adolescents' structuring of their own past, present, and future. Kastenbaum found that:

> (1) The adolescent lives in an intense present; "now" is so real to him that both past and future seem pallid by comparison. Everything that is important and valid in life lies either in the immediate life situation or in the rather close future. (2) Extremely little explicit structure is given to the remote future. . . [they] regard their remote time fields as risky, unpleasant, and devoid of significant positive values. (3) More explicit structuring is given to the past than to the remote future by most of the adolescents tested . . . [although] the past, too, is seen as a risky, unpleasant . . . confusing place, where the adolescent is none too sure of his personal identity.[2]

Most adolescents manifested "a very low tolerance for acceptance of death-connoting experiences"[3] (being alone or in a dark room) and, on the other hand, an extreme, active rejection of ideas connected with old age and death.

About eight-five percent of the young people shared this antipathy towards the future and death. But some adolescents (fifteen percent) did not fit this picture.

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[1] Ibid., 102-103. [2] Ibid., 104. [3] Ibid., 109.

> [These were] consciously concerned with both death and their remote future. . . Instead of keeping the thought of death separate from their present functioning, they attempt to structure their life in terms of goals and experiences far removed in time. The prospect of death is very much alive for them; it enters actively into the decision they are making while still in the transitional world of adolescence.[1]

These "death-oriented students tend to be more outspokenly religious, church activities being more important in their lives." There are no differences in intellectual ability between the two groups.[2]

Why should young people have such dread of the future? Kastenbaum ventures the speculation that they are projecting into the future the unacceptable feelings they have about the past.

> The past was something they were trying hard to forget, but with only partial success. . . Emotionally powerful concerns do not evaporate when the individual chooses to bar them from consciousness. Rather they continue to operate unconsciously and influence behavior. . .
>
> The adolescent in his transitional search-for-identity state is uncomfortable with his memories of a past in which he lived a role that he is now trying to transcend. He remembers himself as confused, inept, undifferentiated, bound to the wishes of others. As he attempts to repress these unacceptable aspects of his past, the feelings do not disappear but . . . [are displaced to] the subjective time field of the remote future.[3]
>
> It is as though the adolescent were seeking to throw away his past, but that this unwelcome subjective entity acts as a boomerang which meets him in his conception of the remote future. This "boomerang effect" leads him to attribute in his later years to the encroachment of death all the dysphoric and terrifying feelings that have made his notion of the past unacceptable to him.[4]

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[1] Ibid., 109. [2] Ibid., 109-10. [3] Ibid., 110-11.

[4] Ibid., 111.

[illegible]

Kastenbaum does not comment upon the fact that those adolescents who were able to accept the remote future and death tended to be more religious. Do these young people tend to come from more stable homes? Is their past less haunting than it is for the others? Does the contemplation of the facts of life and death within the religious group have a cathartic and anxiety-reducing power? Does the belief in God, who created the world in the remote past and who will reign supreme in the remote future, give them courage to face their own futures realistically? Does the confession and forgiveness of guilt free them from the need to hide from the past? Are those who hide from their past and future rendered uncomfortable in Church? Are there class differences? Kastenbaum throws no light on the correlation between religious interest and the courage to include the past and future in one's present, but this is certainly a matter for future empirical investigation.

consideration and have come to terms with the fact that it is universal, inevitable, and irreversible.

The morbid anxiety about death seen in emotionally disturbed children and adults has its roots in interpersonal experiences, and is related to the inability to cope with one's own anger and potential destructiveness. Death begins to have overtones of punishment. At those times in childhood when children are most typically disturbed and aggressive, one sees most strongly the fear of being deserted, fear of the dark, and denial of death.

A study of adolescents has shown that about 82% of them try to push death out of consciousness, as their elders do. Both past (childhood) and future (adulthood) are seen as anxiety-provoking, so the adolescent tries not to contemplate them and lives in an intense present. The minority who are able to include death in their picture of life tend to be more religious.

Thus we see basically three stages of development before adulthood: a stage when the child is essentially unaware of death (although much of his early experience may later be associated with death); a stage of intense juvenile curiosity, in which people learn just about everything they will ever know about death; and the gradual adoption of the culturally prescribed adult reluctance to think or talk about death.

IV. STUDIES OF BELIEFS AND ATTITUDES TOWARD DEATH

In a culture where people talk about death so little, it is not easy to guess just what others are thinking. Without an adequate opportunity for comfortable discussion of death and dying, people may begin to feel that their ideas and feelings are abnormal. While obviously no two persons or situations are alike, it is worth while to consider the ideas and feelings about death and dying most frequently encountered. So I shall present next the findings of several investigations which sought to sample public opinion on this subject.

Middleton's Study of College Students

A psychology professor, W. C. Middleton, was a pioneer in the scientific investigation of beliefs and attitudes about death.[1] He administered a detailed questionnaire to 825 men and women students at two midwestern universities (DePauw and Butler). The study yielded the following data:

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[1] W. Middleton, "Some Reactions Towards Death Among College Students," Journal of Abnormal and Social Psychology, XXXI (1936), 165-73.

(11) 44% like to occasionally read poems or stories about death. As a result, 19% are depressed, 13% are consoled, and 68% are indifferent.

(12) 34% are fascinated by newspaper stories about death.

(13) 13% report a strong fear or horror of death
25% report being absolutely unafraid of death
62% report being indifferent to death

(14) 70% report a strong wish to live after death.

(15) 17% report that the question of a future life worries them considerably.

(16) 32% would prefer to know positively about the future life, whereas 68% would prefer to have it left as a matter of ignorance or belief.

(17) 60% report that it is their honest personal belief that there will be a future existence of some kind (12% more women than men).

(18) 65% report that even if they knew positively about the future life, or that there were no future life, there would be no change in their present manner of living (13% more women than men). 26% would make a slight change, 7% a considerable change, and 3% a radical change.

Unfortunately, the data presented in this study by Middleton are allowed to tell us little about the way an individual might think and feel about death. The person is lost in the crowd, and the figures are meaningless. There is no correlation of the data. For instance, are the 17% who sometimes wish they were

dead to be found also among the 15% who sometimes picture themselves as dying or being dead, and among the 35% who dream of it? No attempt is made to delineate any patterns or to compare these figures with equivalent figures derived from some other sample, such as a group of elderly people or prison inmates. Fortunately, later studies do seek to find some patterns and correlations between groups.

Studies About the Belief in Immortality

The scientific method has been used in many attempts to inquire about how many people believe in immortality. Most of these studies have been reported in newspapers or magazines and not in academic journals. Such studies indicate the editor's feeling that the public is interested in such figures. They often seem to reveal as well the attempt to prove or disprove immortality by claiming a majority.

The implication of such studies is that gradually the doctrine of immortality is becoming less intellectually respectable. For instance, a study of Harvard and Radcliffe undergraduates recently reported in a popular magazine indicated that only 31% of the Protestants (as against 74% of the Catholics) reported a

belief in immortality.[1] (Middleton's study had shown that 66% believed in immortality.) Now all of these surveys come out with different figures; the only conclusion to be drawn is that some people do and some do not believe death is the end. But this is all on the cognitive level. The man who says that he is going to live beyond the grave may inwardly doubt it; and the man who tells you that he is going to die may not inwardly be convinced of it at all. The whole question is quite superficial.

Early in this century, the Society for Psychical Research reported that out of 3218 replies to the question, "Would you prefer to live after death or not?", 93% were in the affirmative (Middleton reported 78%) and 7% in the negative. Asked whether this question of a future life was of urgent importance to their mental comfort, 62% replied that it was not.[2]

In 1914, James H. Leuba conducted an inquiry among one thousand distinguished American scientists.[3] He found that a half of them believed in immortality.

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[1] Cf. "God at Harvard," Time, LXXIII (June 22, 1959), 56.

[2] J. Pratt, The Religious Consciousness, A Psychological Study (New York: Macmillan, 1920), 232.

[3] J. Leuba, The Belief in God and Immortality (Boston: Sherman French, 1916). Cf. chapters 8 and 9.

Yet Barnard said:

> Much as I love truth in the abstract I love my sense of immortality still more; and if the final outcome of . . . science is to disclose to me that they are more evanescent than the shadow of the swallow's wing upon the lake . . . if this . . . is the best that science can give one, give me then, I pray, no more science. I will live on in my simple ignorance. . . When I . . . be sent to my final repose, let me . . . lie down to pleasant, even though they may be deceitful dreams.[1]

These surveys lead us to conclude that although in primitive culture belief in immortality is universal, it has now become intellectually unacceptable to many persons in our culture, especially those who are well-educated. At the same time, some who cannot believe in immortality would like to.

Alexander and Adlerstein's Study of "Religious" and "Non-Religious" College Students[2]

Does religious belief make a difference in the way a person faces death? This was the question behind a study of emotional reactions and attitudes towards death in a group of fifty male college students. Half of these students were carefully selected Protestants "with strong religious beliefs whose participation in religious practices had been a continuous part of their way of life since childhood."[3] The other half were "people whose way of life had not included membership in religious groups or

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[1] Ibid.

[2] I. Alexander and A. Adlerstein, "Death and Religion," The Meaning of Death, ed. Feifel (New York: McGraw Hill, 1959), 271-83.

[3] Ibid., 272.

sustained personal contact with formal religious systems, beliefs, and practices. The nonreligious group was not negatively disposed toward religion. They were rather neutral, or indifferent, or not clearly decided."[1]

First a word-association task was employed to measure the change in galvanic skin response (an indication of anxiety) when death words were used as stimuli. It was found that "the nonreligious subjects had a significantly higher manifest-anxiety level than did the religious subjects when they were measured immediately after the word-association task."[2] Since the two groups were carefully matched as far as the amount of neuroticism was concerned, it appeared that "death anxiety is aroused much more rapidly and with less direct stimuli in the nonreligious group."[3] However, both groups showed an increased galvanic skin response to death words, and by the time the whole procedure was finished, both groups were equal in manifest anxiety. Both groups were much alike in their response to "death words" on the Semantic Differential and in their consciously expressed attitudes toward death.

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[1] Ibid., 272.

[2] Ibid., 274.

[3] Ibid., 275.

In responding to a questionnaire and in open-ended interviews, both groups showed similar conscious attitudes toward death. On two items, however, there was a difference between groups:

> The nonreligious subjects were less likely to either have, recognize, or report feelings connected with death or burial. The nonreligious group reported mainly "indifference" in feelings after visiting a cemetary while the religious group reported "peaceful" feelings. The religious group reported feelings of depression after a funeral lasting for a longer period of time than did those of the nonreligious group. . . It is as though, in the language of William James, our religious subjects were "tender minded," our nonreligious subjects "tough minded."[1]

Asked to gauge the strength of the fear of death, the religious group showed more extremes:[2]

	Nonreligious	Religious
No fear	7	10
Very weak fear	8	4
Weak fear	5	2
Moderate fear	4	8
Strong fear	1	1

Some slight indications of difference were found in certain responses:

> The religious-group members reported having thought of their own death more frequently within the last year; this group also reported more frequent conscious thoughts about personal death and more frequent thoughts of death when ill; the nonreligious group thought more frequently of personal death as a result of accident and also thought of death as being painful more frequently.[3]

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[1] Ibid., 275-76.

[2] Ibid., 276.

[3] Ibid., 277.

"The belief in an afterlife concept was employed as an absolute point of differentiation between the groups. All of the religious subjects had a strong belief in heaven while the nonreligious people expressed clear disbelief."[1]

> When asked to describe heaven, the religious subjects spoke in terms of communion with God. The nonreligious people spoke either in terms of the "golden streets" stereotype or vague, intellectualized descriptions. With regard to hell as a region of the afterlife, the religious group saw it primarily as the absence of God while the nonreligious group reported mainly in terms of the mythical "fire and brimstone" description.[2]

Thoughts about death during childhood were similar for both groups, but the religious subjects had earlier and clearer memories. Eighty percent of the religious subjects recalled becoming aware that people die before age six, as compared with less than thirty percent of the nonreligious group.[3]

The aspects of death that bothered our subjects are the same for both groups.

> The fear of painful death was most prevalent. This was followed in importance by the thought of separation from loved ones, the problem of facing death properly, and the thought of being buried in the ground.[4]

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[1] Ibid., 277.

[2] Ibid., 277.

[3] Ibid., 278.

[4] Ibid., 279.

Both groups felt that their convictions make death less fearful. "For the one group there was the assurance that death is not the end; for the other, the acceptance of death as the end removed the cloud of uncertainty and doubt."[1]

The nonreligious subjects saw death as the natural end of life.

> It is not the climax but rather the end in the sense that the rose fades away. The emphasis for those people is on life and the rewards of living.[2]

These subjects expressed concern that life might end before anything important is accomplished. They used two basic kinds of defenses against death anxiety.

> One we might term "masking," in which the individual plunges into the affairs of life and keeps himself wholly occupied without opportunity for reflection about death. . .
>
> The second is repression, in which the threat to the ego is handled by banishing the problem from consciousness. In this case one could be a reflective person but simply never find that death is one of the topics upon which he reflects.[3]

The religious subjects are more likely to keep the problem of death a conscious matter.

> They have earlier and clearer memories about death. They express more feeling when confronted with death and they appear much more comfortable in discussions about the subject. It is only when one probes directly the personal aspects of dying, that a change in the anxiety level is brought about.[4]

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[1] Ibid., 278. [2] Ibid., 280. [3] Ibid., 281.

[4] Ibid., 281.

Just as the nonreligious subjects had "denied" and repressed death to avoid anxiety, the religious subjects used a defense which the authors describe as "displacement of focus." That which is negative and intolerable (the act of dying) is made peripheral, and that which is tolerable (the afterlife) is made central.[1] And just as the nonreligious subjects were anxious about dying because they might not have lived to accomplish anything, the religious men were troubled by "the possibility that an afterlife may not exist or that they will not be able to attain it."[2]

The findings of this study would support the statement "that death is a threat to the intact ego and as such must be handled by all humans no matter what their religious conviction."[3] The authors suggest "that two solutions for the reduction of death anxiety present themselves; one emphasizing the importance of life, the other the importance of afterlife."[4]

> In answer to the ever-present threat of its ultimate demise the ego is forced toward a position on one or the other side of this coin. When a position is taken, anxiety can be kept to a minimum except in extreme circumstances. If no clear stand is adopted, death anxiety may be very close to the surface and thus easily stimulated.[5]

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[1] Ibid., 281. [2] Ibid., 279. [3] Ibid., 281.

[4] Ibid., 281. [5] Ibid., 282.

A Psychoanalytic Study by Bromberg and Schilder

In 1920, Sigmund Freud postulated two basic conflicting powers operating within the realm of nature, Eros (love, the life instincts) and Thanatos (aggression, the death instincts.[1] These are earth's two immortal rulers, the two "primal instincts," the two "heavenly forces" eternally contending with each other, Eros building up and Thanatos destroying.[2]

> The natural instinct of aggressiveness in man, the hostility of each one against all and of all against each one. . . is the derivative and main representative of the death instinct we have found alongside of Eros, sharing his rule over the earth.[3]

Since 1920, this theory has been criticized and defended by psychoanalysts. Perhaps it was in this context that Bromberg and Schilder undertook an exploration of the attitudes and mental reactions of seventy "normal" adults.[4] They administered personally an extensive questionnaire on death, dying, suicide, hostility, and immortality, and found that "the occurrence of

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[1]S. Freud, Beyond the Pleasure Principle (New York: Liveright, 1950).

[2]S. Freud, Civilization and Its Discontents (London: Hogarth Press, 1953), 144.

[3]Ibid., 102-103.

[4]W. Bromberg and P. Schilder, "Death and Dying: A Comparative Study of the Attitudes and Mental Reactions Toward Death and Dying," Psychoanalytic Review, XX (1933), 133-185.

spontaneous death-thoughts is a relative rarity."[1] Most of the subjects thought of death sporadically. Three-fourths of their respondents to the question "Is your own death probable to you?" felt that their own death was improbable, although inevitable. One person answered, "If I keep thinking 'I am still living' I'll never die." Another replied, "How can people exist when I'm not here? I can't die."[2]

Most subjects answered "No" to the question, "Does the thought about death accompany your whole life like the bass accompaniment in music which you do not want to hear?"[3] They seemed quite oblivious of the Thanatos which Freud thought to be at work in them.

Most found it difficult to picture themselves dead. Those who could had a feeling of depersonalization and objectivity about the entire picture. Some felt themselves hallowed and improved on their deathbed.

> In a way, the subject is an onlooker, a guest at his own funeral. He cannot be reconciled to the death of his subjectivity. There is no common human idea of death; individual experiences become the determining factor for the picture one develops of his own death.[4]

The hysterical type of person thought of death as the final losing of one's personality in the love ecstasy; the melancholic type regarded it as self-destruction;

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[1] Ibid., 141. [2] Ibid., 143. [3] Ibid.

[4] Ibid., 146.

some think of it as a means of getting revenge on another person; others regard it as an escape from a body no longer of worth. Whatever the case, these analysts got the impression that the image of death had an emotional, libidinal value for the subjects; they could not picture death in a way that did not bring some advantage to themselves (even if that advantage consisted of the pain or punishment they felt they deserved).[1]

Regarding the fear of death and dying, "It seems that we do not carry around a conscious fear of death with us as part of our everyday life attitude. . . But immediately the thought occurs that we do not wish to die."[2] Most subjects stressed their dislike of the actual dying process, and their fears of being dismembered.

Almost all had wished at times to die, in response to outward situations or emotional moods.

> In adult life, in those personality types tending toward depression, the possibility recurred in fantasy that a way could be found to escape stresses, disappointments, and frustrations of life.[3]

Some persons, frustrated in love situations, had ideas of dying. This would punish the partner, the world,

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[1] Ibid., 146.

[2] Ibid., 147.

[3] Ibid., 149.

or the parents. "The punishment is never really visited upon the self. . . His hope is that this withdrawal will result in a loss and feeling of remorse to his relatives."[1] One half of the subjects had entertained suicidal thoughts; when questioned about this, their answers were apt to be facetious. The same persons who had fantasies of dying also had fantasies of committing suicide.

Very few persons saw any relation between eroticism and death. One person answered, "When I am extremely happy with a girl, I wish I could die and not spoil it."[2] Another replied, "I often would like to die loving someone, when I am extremely happy." A widow stated that in her present condition she does think of death when the desire is great and there is no satisfaction.[3]

Many believed in life after death. "It was rather instructive to find how large a number of persons, in whom the religious doctrines were early inculcated, retained these ideas completely."[4]

Two-thirds of the subjects dreaded seeing a corpse and felt awe because of its inanimateness. The thought of decay caused revulsion.[5]

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[1] Ibid., 149. [2] Ibid., 153. [3] Ibid.

[4] Ibid., 155. [5] Ibid., 159.

Asked about their fantasies of how it feels to die, most persons thought of dying as pleasant, like falling asleep, or gradually losing sensation, as in anaesthesia.

"Did you ever think how you would act if you knew you had to die at a given time?" There were two kinds of answers to this question: (1) those who would take a final fling at pleasure; (2) those seeking salvation, preparing their will, atoning for the sins, and waiting in resignation and hope for the end. Here again Bromberg and Schilder do battle with Thanatos: "There is clearly no implied or stated striving toward death--only a striving toward further activity and further living."[1]

Very few of the subjects had thought of death during times of illness. Those who did were largely influenced by others, or pondered later how close they had been to death at a previous point in the illness.

The subjects reported that the experience of adult life had changed their attitude toward death, lessening conscious fears and developing a rational attitude.[2] They looked back upon the childhood feelings of unknowing fear, apprehension, and anxiety, feelings of awe and mystery at the loss and deprivation implied

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[1] Ibid., 163. [2] Ibid., 166.

by death. These attitudes acquired during childhood had been replaced or modified in adulthood. One man said, "I had the attitude of the Church until I was seventeen. Now I know that dying is part of the laws of nature."[1] Another replied, "Death and dying were mysteries as a child, but now I find they are a scientific necessity."[2]

Most of the subjects thought of the death of others only with difficulty. "Marked anxiety concerning the death of a parent was the most frequent single finding."[3] When such a thought flooded one's mind, frequently a panicky feeling accompanied by dread and fear was present. However, death wishes against an elderly person were common, and "frequent wishes appear that superiors and those who block the way toward certain wishes and desires should die."[4] But when asked, "Did you ever wish to kill?" most subjects said "No." Those who answered affirmatively said that they could kill during the heat of anger. "When I am properly enraged, I could kill anyone."[5]

Most had first heard of death and dying between the ages of three and eight and had been struck by the inexplicable, the stillness, and the religious aspects

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[1]Ibid., 166. [2]Ibid. [3]Ibid., 167.
[4]Ibid., 168. [5]Ibid., 170.

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of death and funeral rites. They had felt curiosity and awe. Bromberg and Schilder conclude:

> Individuals do not have any primary tendencies to die. They may, however, have a tendency towards self-destruction as an expression of sadomasochistic trends. . . The idea of death serves the libidinous tendencies of the individual, . . the life instincts. Fear of death then is merely a fear of any libidinous deprivation. . .
>
> The majority of people do not believe in their own deaths. . . It does not fit into the scheme of our inner psychologic experiences. We never die psychologically and the belief in immortality is the expression of a basic inherent tendency in our psychic life.[1]

What are the libidinous meanings of death? (1) Death may mean escape from an unbearable situation into a better life. (2) It may be thought of as a way to force others to give affection. (3) It may be the equivalent for the final sexual union in intercourse. (4) It may mean the final narcissistic perfection which grants lasting and unchallenged importance to the person. (5) It may gratify masochistic tendencies by symbolizing punishment and suffering.[2] Thus, "all libidinous instincts, all the desires of life find, in this way, an intensive expression in the idea of death. . . All the libidinous roads lead to death, and death becomes thus the perfect symbol of life."[3]

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[1] Ibid., 183. [2] Ibid., 184-85. [3] Ibid., 185.

Beliefs and Attitudes Toward Death Among the Aged

Few of us in our society look forward with pleasure to old age. Science has made it possible for most of us to reach an over-ripe age. But the same culture which, in its fight against death, produces ever-growing multitudes of old people, abhors senility and worships youth. We honor not the old person who faces death, but the one who pretends he is young.

The old person is more or less cast aside in our society, laughed at, scorned, rejected. He is the victim of growing infirmities. He may be unable to manage his own life, and becomes dependent upon others. He may join a "golden years" club, but elsewhere his wisdom is seldom wanted. Unlike more primitive societies where the elders were respected for their knowledge, the old person in our culture finds that his knowledge is outdated. The old person is "retired." He has time to brood and to dwell upon the past. He is unproductive. His friends die, and he attends more and more funerals.

A few adapt to old age with grace, acknowledging that death is near, and neither succumbing to the wooden rigidity and deadness so characteristic of the aged nor the pretension of simulated youth. Although most of the old people in Feifel's study reported that death was most

feared during old age, some responded that death was least feared during this period. Feeling that they have lived their life and have little left to live for, they resign themselves to death. One might suppose that those who are capable of such an adaptation during later life are persons with strong personalities who have also adapted well during the previous epochs. Having faced life with courage, they now face death. Having "given themselves up" to the challenges and risks of living, they now draw upon the same resources of inner strength to give themselves up to the future.

For most, however, the stress of being old is too much for the shaky ego, and the individual spends more and more of his diminishing energy fighting off the threat to life and self-esteem. Death is feared. Yet life is hardly worth while. Both life and death are rejected. Clinging to life, one lives in the past, hoarding articles of little value with childish possessiveness. Neurotic tendencies and character traits become exaggerated, altruism is lost, and one becomes irascible, peevish, selfish, and easily disturbed.

For a year I served as chaplain in a home for the chronically ill--mostly aged. During that time, I jotted down several vignettes of my parishioners. Mr. A.B., 88, suffers from Paget's disease, stomach ulcers, anemia, and

arteriosclerotic heart disease. He seldom gets up from his bed or chair, rarely washes or shaves, and always smells and appears unkempt. He complains about everything, has a nasty disposition, and is always difficult as a nursing problem. He is flirtatious with nurses and wants to hold their hands. His childhood was one of deprivation. He never married or supported a family, never did much of anything in life, went from job to job, and was a heavy drinker. When he became critically ill recently, he became obsessed with his wickedness and very depressed. He cried and clutched the chaplain's hand for reassurance. He felt that God would surely punish him for all his wrongdoings, but all he mentioned were trivial adolescent indiscretions.

Mr. L. J., 93, almost died from bleeding ulcers several years ago. He suffers from arteriosclerotic heart disease with hypertension, and is almost blinded by cataracts. He sits all day long in a chair. His daughter pays a brief visit daily. He is bright, witty, friendly, appreciative, never hostile or depressed. He comments that he has no particular desire to live and would rather die. He feels old enough to die, and hopes that it will not be long.

Miss B., 83, lies in bed all day in a darkened room watching the people walk by in the hallway outside.

She seldom moves. She suffers from an inoperable cancer and heart disease. She is weak and sleeps a great deal. It is almost impossible to communicate with her.

Miss J. C., 71, is an individualist who scraps constantly with her neighbors, and recently stole another's favorite cane just for the amusement. She says she is glad she is not stronger, for if she were she might attack them. When I first began conducting services in the home, Miss C was hostile and gave me the impression of being an "old grouch." Then one day she became giddy and childish, like a girl in love, smiled at me and became pleasant and flirtatious. She laughs a great deal at the stupidity of the world around her. She looks down upon the other patients as animals and never identifies with them. When she is not angry or suffering from a headache, she is jovial and euphoric, but cannot share any of these moods with her fellow patients.

Miss K. E., 86, died recently. She was a tall, slender woman, with American flags on her dresser, who told stories of having been a spy and of helping win the war. She walked about bent over a cane, yet proud and dignified. She had an angular face, a long thin nose, penetrating angry eyes set deep in bony pits, and a haughty smile of contempt. She kept herself neat, made her own bed, and puttered around her little corner washing her table and chairs. As she walked around the hospital, she was a striking picture of solitary grandeur in decay.

As the end approached, Miss E. grew weaker and spent her last month in an oxygen tent on the medical floor. It was as though she refused to die. She seemed to appreciate the chaplain's visit, but refused Holy Communion and said that she didn't want a service conducted by hypocrites.

Miss J. F., 80, is a small, thin woman who appears younger than her age. She quickly forms a dependent relationship with anyone who pays attention to her. She is depressed that she gets along so poorly with the other patients, and says that they hate her. She cries when she says that it is "hard to be a Christian," and wishes she were dead. She sees her own death as an escape from an intolerable situation, and as a return to Father and Mother. She repeatedly looks at their pictures, weeps, and says, "I wish the Lord would take me."

Mrs. M. V., 89, is a portly woman with heart trouble who spends most of her days in a rocking chair. As her birthday approached, she hoped that she might die first, because ninety sounded so old. She is one of the more sociable members of the home, but does not feel close to any of the others. "All of my real friends have gond." She has a warmth about her despite her aches and pains and loneliness. But she realizes that life has little left for her. Meanwhile, according to the motto over her bed, she lives each day, "as sweet as can be."

The aged find themselves in the predicament of being close to the grave, and for the most part, wanting to avoid it; and yet having little to live for. One might hypothesize that at some given point the pain or meaninglessness of living on is greater than the fear of death, and the scales of motivation are tipped in favor of death. As various surveys have shown, the belief in immortality tends to be stronger among the aged than among younger people. Thomas Huxley, a toughminded scientist without faith in immortality, wrote near the close of his life: "It is a curious thing that I find my dislike to the thought of extinction increasing as I get older and nearer the goal."[1] And Charles Renouvier wrote, "When a man is old, very old, and accustomed to life, it is very difficult to die."[2]

Summary

Studies of beliefs and attitudes about death and dying have focused on the types and amount of anxiety associated with death; the nature of beliefs about death and the afterlife; and the relationship between such belief and anxiety.

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[1]T. Huxley, quoted by C. Lamont, op. cit., 219.

[2]C. Renouvier, quoted by C. Lamont, op. cit., 218.

These studies show that normal adults in our society seldom think of their own death. As children, they were curious about it and baffled; as adults, they are glad to have set aside childhood's concern about death. Most say they are not afraid to die.

Death remains a threatening reality, of course, and under the nonchalant surface, we all have a latent death anxiety which can be aroused by the right kind of stimuli. But the creative tasks and responsibilities of adult life keep us too busy living to contemplate death. Such contemplation is associated with depression, the deaths of relatives or friends, and misfortunes.

The fears associated with death are not fears of non-being (which is impossible to imagine), but of painful realities which come to be associated with death, such as loss of ego control, loneliness, fear of the unknown, fear of failure, fear of what may happen to one's dependents, and fear of punishment. However, death may also be associated with pleasant realities such as the hope of reunion, the hope of receiving more love, self-glory, and freedom from the anxieties of life and the burdens of existence.

In old age the fear of death is greatest, and the aged erect whatever defenses they can against the anxiety associated with their predicament. Perhaps at

the point where life is more painful than death is threatening, one becomes ready to go towards death. Some individuals, who have shown strength of personality throughout life, accept old age and death with grace, without having to turn away from it.

What is the relation between death anxiety and the belief in immortality? The studies seem to indicate that:

(1) All persons have an unconscious belief in their own immortality.

(2) Intellectual disbelief (and a secular attitude toward life in keeping with it) has grown during our century.

(3) Those who believe in God tend also to believe in immortality.

(4) Some who are skeptical nevertheless wish they could believe.

(5) Anxiety about death is highly correlated with ego deficiency and personal insecurity, but is not simply correlated with the nature of one's beliefs.

(6) Those with strong beliefs either that "death is the end" or that "death is the gateway to further existence" have less manifest anxiety about death than those of weaker opinion.

(7) Both concern for living-here-and-now and concern for the afterlife may serve to withdraw attention away from the threat of death.

(8) The threat of death, if articulated, is fear of other things which are associated with death, never simply death itself.

V. BELIEFS AND ATTITUDES TOWARD DEATH AMONG THE EMOTIONALLY DISTURBED

Much can be learned from the emotionally disturbed about psychological processes which in most persons remain largely unconscious. Historically, psychodynamics were first studied in the clinical setting, and only later applied to everyday life. The mentally ill have been described as "like us, only more so." And a leading psychiatrist has written, as the first axiom of psychotherapy: "One assumes that everyone is much more simply human than unique, and that no matter what ails the patient, he is mostly a person like the psychiatrist."[1]

The beliefs and attitudes about death of the emotionally disturbed are not new or unique. One finds in such persons only an inner lack of integrity or stability, more vulnerability to anxiety, and exaggerated defenses against it. We study deviant behavior not only

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[1] H. Sullivan, Conceptions of Modern Psychiatry (New York: W. W. Norton, 1953), 96.

for the light it throws on normal behavior, but because it is sometimes encountered in otherwise normal persons in situations of sickness and stress.

Feifel's Study of Normal and Mentally Ill Populations

Using a questionnaire and interview, the psychologist Herman Feifel studied attitudes in three groups.[1]

Group	Mean Age
85 mentally ill patients	36
40 older people	67
85 "normal" adults	
(50 young adults.....	26
35 professional people)..	40

There were two basic outlooks on the meaning of death. The "philosophic" outlook (viewing death as the natural end process of life) was primary in all groups except the young adults; they predominantly chose the "religious" outlook (seeing death as the beginning of a new life).[2] It was noted that in all the groups, but especially among the mentally ill, "some find thinking about death so anxiety provoking as to deny having any ideas at all about it."[3] When they were asked by Feifel, "If you could do only one more thing before

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[1]H. Feifel, "Attitudes toward Death in Some Normal and Mentally Ill Populations," The Meaning of Death, edited by H. Feifel (New York: McGraw Hill Book Co., 1959) 114-128.

[2]Ibid., 117. [3]Ibid.

dying, what would you choose to do?", the normal groups emphasized personal pleasures and gratifications, e.g. "travel all over the world," whereas mentally ill persons gave priority to social and religious concerns, e.g. "stop war if possible" and "know more of God."[1]

Asked the age at which death is most feared and least feared, the subjects answered as follows:

Group	"Most Feared"	"Least Feared"
Mentally Ill	Seventies (also childhood)	----------
Older Adults	Seventies	Childhood
Normal Adults	Forties and Fifties	Childhood

Some of the older adults said that death was least feared during the seventies because "you accept and are resigned to it," "you've lived your life," and "you've least to live for."[2]

The degree of mental disturbance in the patient group apparently had no bearing on their attitudes toward death.[3] Compared with the normal groups, the mentally ill were characterized by (1) a larger proportion of persons who repressed or denied the reality of death; (2) a larger proportion of persons who said that childhood was the time when death was most feared; (3) the frequent depiction of death as occurring by violent means; and (4) salvation-seeking rather than pleasure-seeking in the shadow of death. Few "normals" could visualize themselves being killed in an

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[1] Ibid., 117. [2] Ibid., 118. [3] Ibid., 119.

accident, whereas a good proportion of the mentally ill could see themselves as dying by "crashing in a plane," "being run over by a tractor," or "getting shot."[1]

When asked to state how, where, and when they would prefer death to occur, "an overwhelming majority in all the groups want to die quickly with little suffering--'peacefully in your sleep' as most put it."[2] Most preferred to die at home in bed, at night.

During the investigations, Feifel felt that "certain persons who fear death strongly may resort to a religious outlook in order to cope with their fears concerning death."[3] And so he compared a non-religious sample with a religious group which he calls "fundamentalist," i.e., those who believed in "a divine purpose in the operations of the universe, in a 'life after death,' and acceptance of the Bible as revealing God's truths."[4] He found the religious person to be more afraid of death.

> The nonreligious individual fears death because "my family may not be provided for," "I want to accomplish certain things yet," "I enjoy life and want to continue on." The emphasis is on fear of discontinuance of life on earth--what's being left behind--rather than on what will happen after death. The stress for the religious person is twofold: concern with afterlife matters "I may go to hell," "I have sins to expiate yet"--as well as the cessation of present earthly experiences.[5]

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[1] Ibid., 119. [2] Ibid., 119-20. [3] Ibid., 120.

[4] Ibid., 120-21. [5] Ibid., 121.

Those individuals were afraid of death even though they believed that they were going to heaven, Feifel found. A substantial number of "religiously inclined" persons in the older group expressed a strong fear of death. Also, the "religious person in our studies holds a significantly more negative orientation toward the later years of life than does his nonreligious peer."[1]

There is a need for studies that avoid lumping all "believers" together and that differentiate between different kinds and depths of religious belief. A person's religion is not a simple but a highly complex thing, involving more than "beliefs" or participation in religious institutions. Feifel also recognizes this problem.[2]

In another study by Daniel Cappon[3] (to be reviewed fully in Chapter VII), the attitudes of 20 psychiatric patients were compared with non-patients. Cappon found that, when confronted with the hypothetical prospect of death, the mentally ill were significantly less eager to hear a fatal prognosis than non-patients. They were more bothered by the prospect of physical pain and were less in favor of euthanasia. They were far less ready to sacrifice their lives for loved persons, and were considerably more disturbed by the questionnaire than were the non-patients.

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[1] Ibid., 122. [2] Cf. ibid., 121.

[3] D. Cappon, "Attitudes of and towards the Dying," The Canadian Medical Association Journal, LXXXVII (Sept., 1962), 693-700.

Madness (Death Associated with Aggression)

The mentally ill person is likely to feel mad at the world and at himself. He is likely to have experienced the frustration of his needs for love and security in infancy and childhood, and to have sought or shunned human companionship in such ways that he has been pushed aside by others. He is despised and rejected, and longs for love, but fears it. Who would love such a hostile person? "If others have treated me so badly, it must be because I deserve it. It is because I am a sinner, an angry person, that I am not allowed my proper place in the affections of others. If I hate them, I might kill them or make them reject me. So I must hate myself instead of others. I deserve punishment. I am going to die. I am going to be killed."

> Because of the narcissistic, infantile elements in the schizophrenic's self-appraisal, he overrates the effectiveness of his hostility and of his actual and fantasied violence. Therefore, he feels an exaggerated guilt about both. . . [He judges] his negative character trends as more unforgivable than they would appear to be to a less narcissistic person. . .
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> The average neurotic person represses his hatred and his assaultive fantasies for fear of retributive loss of love and of punishment. . . The . . . schizophrenic person is his own most severe judge. He may be so afraid of his hostile impulses that he flees into a self-imposed state of physical and emotional paralysis--catalepsy, stupor, muteness--in order to counteract outbursts of his own hostility.[1]

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[1] F. Fromm-Reichmann, "Basic Problems in the Psychotherapy of Schizophrenia," Psychoanalysis and Psychotherapy, ed. D. Bullard (Chicago: University of Chicago Press, 1959), 211.

The isolation and fear of intimacy characteristic of the schizophrenic may stem from his anxiety about his own hostility. Fromm-Reichmann comments:

> I learned this first from a patient with whom I thought a satisfactorily close relationship had been established. Suddenly he became very angry in response to a remark of mine which he disliked. After quieting down, the patient . . . surprised me with the telling statement: "I warned you against becoming friendly with me. I told you that you'd find out that I am an unbearably hostile person. Do you think it pleases me to behave this way? I assure you that it does not. Why do you trespass, and make me let you see what I'd rather not see myself, much less share with you?"[1]

Why does one person hate more than another? Sandor Ferenczi, a disciple of Freud, postulated a basic "aversion to life, existing from infancy, which is only partly ameliorated by the love bestowed upon the child by his parents."[2] The unwelcome child especially becomes the victim of his own death instincts. Ferenczi cites the case of an alcoholic woman with suicidal impulses. She had been an unwanted and rejected child. She brooded obsessively about the origin of all living things, but the question remained unanswered --why she had been brought into this world at all. It is probable, Ferenczi writes, that "children who are received in a harsh and disagreeable way die easily and willingly. . . If they escape this fate, they keep a streak of pessimism

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[1] Ibid., 211.

[2] S. Ferenczi, "The Unwelcome Child and His Death Instincts," International Journal of Psycho-analysis, X (1929), 127.

and aversion to life."[1] In progress that we are lured from death by love:

> The child has to be induced, by means of an immense expenditure of love, tenderness, and care, to forgive his parents for having brought him into the world without any intention on his part: otherwise the destructive instincts begin to stir immediately.[2]

Whether the "aversion to life" is as basic as Ferenczi suggests, it is true that the impulse to destroy (usually turned inward upon the self) is a striking feature of mental illness. Death is seldom conceived as a peaceful natural process; it is most often associated with killing or being killed.

Fear of Punishment

The dynamics of guilty fear presented in our earlier discussion of children[3] are vividly illustrated in the thought and behavior of the emotionally disturbed. The angry, unfulfilled person, feeling guilty and unworthy, expects pain and death.

Consider the case of Marie M., age 25, to whom I ministered at Episcopal Hospital in Philadelphia after she had been seriously injured in a car accident. She was comatose for a week after the accident, and spent weeks recovering from several bone fractures.

Marie wanted to attend our worship services, but was afraid to enter the chapel because she thought that

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[1] Ibid., 127. [2] Ibid., 128. [3] Supra, 71.

God would cause the ceiling to collapse and kill her. After receiving some reassurance and encouragement, Marie ventured to a service, during which she looked up at the ceiling constantly, expecting one of the beams to break loose and strike her dead.

Marie grew up in an untrustworthy world in which she was deprived of basic security. The parents, later divorced, argued constantly. Mother was seldom home, and seemed not to care how her children felt about life. Marie had married early, had repeated the stormy pattern of her parents' marriage, and had been divorced. Her life-pattern revealed numerous examples of unwise, aggressive, and self-punishing behavior. Now she expected God to punish her.

In the hospital, Marie kept expecting to die. She could not understand why God had spared her life, and felt that it was some kind of trick. She wondered whether God might be showing compassion. Perhaps He had some purpose for her life. She told of two nervous "breakdowns" in the past. During the first one, Marie was receiving tranquilizers. When her supply ran out she became panic stricken and feared death. When she became disgusted and said, "I don't care if I die!" she began to realize that she was not dying, and began to get better.

Her second episode had begun a month before the accident which brought her to our surgical ward. She had

suffered fears of being alone, of churches, of pictures of Jesus, and of dying. In a dream she had seen a cross; then Jesus had appeared in a purple cloak amidst an earthquake, pointed to her, and said, "This is the end of the world for you!" In another dream, she had seen Jesus praying for her, and had wondered what she had done that was wrong. She could not walk by a funeral home, but would cross the street to avoid being contaminated. She was "scared to death" of dead people, because they have embalming fluid in them. She was not worried about what it would be like to be dead, but was afraid of dying and of dead things. She was afraid of being put in a grave, because she would suffocate there and could not get away.

Especially she feared embalming. She imagined with terror how her blood would be purged out and how she would be filled with embalming fluid, which would burn her like poison, "like arsenic." Her second husband used to help his uncle, an undertaker. Afterwards she would be afraid that some embalming fluid might brush off his clothes and kill her. She would not let him wear the same clothes until three days after he had worked in the funeral parlor.

During her convalescence, Marie charmed the hospital staff with her childlike affection for her husband, who was a regular visitor. But suddenly she announced that she feared and hated him, and started divorce proceedings.

The themes of Marie's life are guilt and suffering. In a case like this, it is rather irrelevant to question whether Marie really wanted to live or die. Her conscious and obsessive fears of death were accompanied by behavior which strenuously sought to avoid death (avoiding funeral parlors and church services). Was she fighting off a self-destructive impulse, by projecting the hostile intent on to God? If she had simply wanted to die, would she not kill herself and have it over with, instead of linger on in such torture? However one might philosophize about Thanatos, I felt that she really wanted to live, and that her self-punishing thoughts and fears were an effort to find atonement through suffering. The more evil and frightening the thoughts, the better they served this positive but misguided purpose.

The fear of death may disguise itself in many ways. An example is the case of Helen K., a 34 year old schizophrenic patient at Napa State Hospital. Before the onset of her illness, she had been employed as a psychiatric nurse in a supervisory position.

In our second conversation, Helen expressed worry about putting on weight, and asked what I thought about it. Since she was quite slender, I wondered why she was making an issue of this. Only in later interviews was the significance of her concern revealed. Helen had grown up in a poor family of Dutch immigrant farmers, who were by

religion strict Dunkards. She was the second of nine children. The whole family slept in one of the two rooms in their dirty shack. Her mother died when Helen was ten. Mother had developed a "heart condition" which made her obese--"almost 500 pounds." She would sit on the edge of her bed all day and wear out the mattress; she stuttered and was incommunicative, distant, and a day-dreamer. She would mutter that all she wanted was to die. Helen had to do most of the housework, and wished that her mother would die. When it finally happened, Helen felt no grief, although the whole situation involved the trauma of disbanding the family and sending the children to live with various neighbors and relatives.

One day during an interview, it occurred to Helen that she was afraid of becoming like her repulsive fat mother. She is approaching the age at which her mother died. Her mother always had a certain kind of black purse, which Helen hated. Helen would never buy a purse like that; but in recent years has bought purses just like mother's.

Helen became a nurse because she wanted to join the battle against death. Her brother, who had wanted to become a doctor, had died as a teenager in a tuberculosis hospital where he and Helen were patients. He had been her closest companion and confidant. During adulthood she had no close relationships, and lived alone with black cats.

Helen's whole way of life involve the quest for righteousness, but she was unable to give or receive tenderness in sustained close relationships, and felt bitter and guilty. One day she blurted out, "God! I think God is a dirty rat!" Then immediately drawing upon her psychiatric sophistication, she withdrew her charge. "I'm just projecting. . . I mean, God thinks I'm a dirty rat. . . How can I pray if I feel He wants to punish me?" The struggle to control her own death wishes seemed to play a major role in her life. Helen had wished her mother's death, and her mother had died. Helen was guilty. She unconsciously identified with her victim, and expected to get fat and die. Her fear of death was camouflaged.

The struggle to repress death wishes may manifest itself in character traits. Fromm-Reichmann cites the case of a brilliant, efficient, and successful professional man who found it simply impossible to assert himself in any way, and could not fight back when he was hurt or verbally assaulted.[1] Unknown to himself, he was afraid of repressed hostile impulses. So he spent his life placating and propitiating everyone with whom he came into contact. As the psychotherapy progressed, the patient became aware of his unconscious wish (as a child) for his older brother's death and of his belief in the magic power of his wishes. Therefore, when his brother

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[1]F. Fromm-Reichmann, Principles of Intensive Psychotherapy (Chicago: University of Chicago Press, 1950), 148-49.

died, the patient blamed himself and spent the rest of his days trying to prove to himself and others that he was not a hostile person.

Guilty fear as a concomitant of grief is illustrated in an autobiography by Ann Scott, who tells of her reaction to her mother's death:

> By the time we were home, I was blind with weeping. I was to be obsessed with the memory of my mother--not the proud, strong, arrogant, energetic tyrant, but the invalid, laboring for breath, sunken in stupor, moaning with pain, longing for death. And I was to be obsessed with feelings of my own guilt that she had died and I had not died in her stead. . .
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> Don Juan in Shaw's Man and Superman makes the caustic comment that the death of even those we liked best is mingled with a certain satisfaction of being done with them at last, and having one less human to contend with for prestige and status. I wanted to be done with the intolerable burden of witnessing her suffering and the intolerable guilt of my own helplessness to alleviate her pain. . .
>
> I dreamed that I was riding to a funeral in a carriage that contained three other women, one of whom was my mother. Somehow I discovered that the funeral was my own. The woman who was my mother turned toward me and said I was dead. Her body was stiff. I could not see her face. I cried wildly that I was not dead, but neither she nor the others would hear me.
>
> I saw three men in crimson robes digging a grave. I shouted to them that I was not dead. I demanded to see the minister. Someone said he was preparing the service for me. . . A procession of men came toward me singing. They had their faces in their hymnals and would not look at me. I did not know where to turn. One of the men who had been digging beckoned to me. I shouted that he would bury me alive. I woke screaming. . . I moaned over and over that I should be buried instead of mother. It was I who had died and I who had killed mother.[1]

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[1]A. Scott, Woman With Arthritis (London and New York: Abelard-Schuman, 1957), 150-52.

Undoing the Evil Through "Goodness"

In Feifel's study, he asked, "If you could do only one more thing before dying, what would you choose to do?" The "normal" subjects tended to choose pleasurable activities, whereas the mentally ill gave priority to altruistic or religious concerns, seeking salvation or goodness.[1] This pathotic concern to do something worth while or prove one's righteousness is a common aspect of mental illness.

Hatred of the world by such persons is frequently manifested in the fantasy of destroying the world, or of the world being destroyed by God. This concern for the apocalyptic end of the world may be precipitated by the fact that the patient sees the world differently from his psychotic perspective. Things seem to be changing. One patient asked me if I thought it strange that it should be raining in May, and seemed terror-stricken by the thought that the world was being destroyed. She asked if I heard the voice saying that she was going to die and that her husband and children had been smashed to bits by a train.

This fear may be the root of activities seeking to save the world. The patient thinks, "I am not destructive. I am the Christ, and will bring peace to the world." One patient at Napa State Hospital had created a nuisance in his community by going around promoting the establishment

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[1] Ibid., 117.

of an enormous "tabernacle of peace" in Garland, under which war all the churches would be located, with services going on constantly for the benefit of those who wished to pray for peace. This self-righteous, aggressive man felt that he had a special mission from God to bring world peace.

Another patient at Norwich State Hospital in Connecticut feels himself to be the Christ. His childhood home was rife of chaos and poverty. Both parents were hospitalized psychotics. The patient struggled to find himself, attended various churches, and searched for the meaning of life in the Bible. He began to feel that God wanted him to make some sacrifice, and reasoning that if his eye offend him, he should pluck it out, he did so and was hospitalized. Released later, he cut off his right hand, and has said that he intends some day to cut off his right foot as well. Having cut these sacrifices, he is waiting for the end of the world. He is the all-important central figure in the drama in which God will re-create a righteous humanity.

Denial and Delusion

Despite the fact that so many mentally ill persons are obsessed with destruction, many deny having any thoughts about it at all. They pretend that it does not exist. Studies of murderers and suicides, for instance,

seem to indicate that they have an insufficient appreciation of the reality of death. Recovering later from an episode of acting-out, they may be frightened by their behavior and say that they were unaware of the seriousness of it.

The psychiatrist Paul Schilder administered a questionnaire and interview to thirty-one murderers awaiting trial in the psychiatric ward of Bellevue Hospital.[1] Out of this group, nine showed no concern about the death or potential death they had caused. They had a matter-of-fact attitude about it, and could conceive only remotely of the possibility of their own death. Only one of them said that he liked to fight. A typical remark was, "I can hardly believe that I did it; I know it is not right. I never had a desire to kill, I never had thought of death before that." Schilder concluded that these men were emotionally shallow and that "they kill because they do not appreciate the deprivation they inflict on others."[2] In another sub-group who were psychotic, Schilder observed the fantasy of the return of the dead to life. Some came to believe that the murdered one was still alive. These murderers had a strong belief in the immortality of the soul.

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[1] P. Schilder, "The Attitude of Murderers Towards Death," Journal of Abnormal and Social Psychology, XXXI (1936), 343-63.

[2] Ibid., 363.

Does the suicide really wish to die? In Karl Menninger's classic study of suicide, he demonstrates that it entails three elements: the wish to die, the wish to kill, and the wish to be killed.

> Many suicides are disguised murderers. . . Murder alone justifies the death penalty. . . Melancholiacs very rarely kill anyone but themselves, although their driving wish is the wish to kill someone else.[1]

While no psychiatrist would deny a hostile component in suicide, some would stress that the suicidal person does not really think that he is going to die. Masserman postulates that suicide is based on the delusion of one's inherent indestructibility. "Delusions," he writes, "serve as a form of psychic protection in a dangerous world full of enemies." The protective delusion that "one's own existence (in some ineffable way) is invulnerable and indestructible" is a presupposition of the suicidal person.[2]

> You can imagine eternal sleep . . . complete insensibility . . . imperviousness to pain. . . But you cannot imagine absolute self-destruction. You've always awakened from coma and from sleep, and so in every religious concept of death, there is always an awakening. . . Ergo, when you contemplate suicide and death you are contemplating a release from pain, a release from tension, a release from stress, an escape from conflict; but it is absolutely impossible to imagine your complete self-destruction.[3]

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[1] K. Menninger, Man Against Himself (New York: Harcourt Brace, 1938), 67.

[2] J. Masserman, "Emotional Reactions to Death and Suicide," Stress Situations (Philadelphia: Lippincott, 1955), 127.

[3] Ibid., 127-28.

Zilboorg writes that "the drive toward death, always with the flag of immortality in hand, carries with it the fantasy of joining the dead or the dying, or being joined in death."[1]

In 1933, a congressman committed suicide four months after his wife's death. He left a note for his children: "Mother has been calling to me to join her and little Van in heaven, and I can no longer resist the call and am going to join them. Goodbye."[2] Obviously, he did not want to die but to have a better life. Whether one interprets this as a fatal delusion or simply as jumping the gun will depend upon one's eschatology. If heaven is as good as it is made out to be, why do we linger in this poor second-best world? One may answer that the congressman was fleeing his responsibilities. But consider the unfortunate person who has no responsibilities, but who is rather a burden to others. What fear is it that keeps men from allowing themselves a quicker exit from this world?

Another psychiatrist, Wahl, emphasizes the delusional quality of suicide. "Death is conceived not only as surcease of pain in this world and translation to a happier one . . . but also as an act whereby one acquires

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[1]G. Zilboorg, op. cit., 197.

[2]C. Lamont, The Illusion of Immortality (2d ed.; New York: Philosophical Library, 1950), 16.

powers, qualities, and advantages not possessed in the living state."[1] He regards suicide as a magical act, motivated partly by the wish to conquer the fear of death. It is "a reaction formation to the morbidly feared eventuality of death by embracing it rather than running from it."[2]

Another recurrent theme among the mentally ill is death and rebirth. One sees this especially in epileptics, who, during the dream state following the convulsive seizure, have experiences which they describe as rebirth, reincarnation, or eternal life. Bromberg and Schilder write:

> The rebirth fantasy is part of the fantasy life of every human being. The epileptic psychosis and the psychoses in general do not produce any new psychic material but merely bring into the foreground attitudes which are part of the unconscious of every human being. The yearning for reincarnation after earthly death . . . is deeply ingrained in the human psyche. Human beings do not expect to be destroyed by death but expect a renascence in the form of eternal life lived in glory.[3]

This is illustrate in the case of Sarah J. She was a twenty-seven year old mental hospital patient who had had seizures since the age of twelve, and who was diagnosed as "Psychosis with Convulsive Disorder with Epileptic Clouded State (Acute)." Sarah came to me one

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[1] C. Wahl, "Suicide as a Magical Act," Bulletin of the Menninger Clinic, XXI (1957), 96.

[2] Ibid., 94.

[3] W. Bromberg and P. Schilder, "The Attitude of Psychoneurotics towards Death," Psychoanalytic Review, XXIII (1936), 21.

Sunday after a service, and told of severe guilt and self-hatred. She cried a great deal, and accused herself of committing the unforgivable sin. After a few hours of counseling, it appeared that her guilt was focused in her desires for independence from her mother, who had completely dominated her life, had expected her to be someone she wasn't, and had hidden her unconscious rejection of Sarah behind a facade of sugary indulgence. The patient was torn between her need to "be good" by passively complying with her mother's wishes for her and the desire to live her own life. She needed mother's approval and love, so she tried to be a good girl. But she could not do this without resenting her mother's domination, and unconsciously hating her mother. Since she could not vent this hatred upon its proper target, she took it out on herself in the form of self-contempt, depression, and an inner rage which would gradually build up until she would have an explosion, a "tantrum" or seizure. The convulsion was a substitute for getting mad.

In the hospital records, a psychiatrist wrote the following note regarding the onset of her psychiatric illness:

> Last December, patient began to talk in a confused and strange way. Her heart was stopping, was falling out of place, she could feel her blood rushing from one part of her body to another, she was going blind. She would keep asking for the doctor. . . This lasted about five days, during which patient was depressed, cried continuously, would frequently lie down and kick her feet in the air and fling her arms about, explaining that this was the way dying people acted.

> The "spell" which occurred last December has repeated itself every two to four weeks since that time, usually lasts about four or five days, and clears up. . . During disturbed periods in her first year at the hospital, she was delusional and irrational, and confused in thinking and action. . .

I asked Sarah to review, from a subjective point of view, what usually happens during her spells. They begin with anger, resentment, tension, the feeling of rage at being dominated by others in a hopeless and futile situation. As the tension mounts, she has several seizures a day for several days. The convulsions stop as she enters another phase and becomes overtly aggressive in subtle ways. She asks her mother whether or not she is going to die, says goodbye, and preaches to others to get their souls saved. She removes her clothing to shock her mother and those around her. Sarah recalls her mother saying, "No, you are not going to die," but saying it as if she meant, "I wish you were dead! Why don't you go ahead and die?" Mother used to lock Sarah in the bedroom, but more recently has brought her to the hospital when a spell occurs. Sarah would feel overtly rejected and terribly angry.

In the next phase of her spells, Sarah seeks heaven and finds hell. She imagines that she is going to heaven and asks people how she might get there, but then imagines that God rejects her and condemns her to hell. In one psychotic episode, she walked across the highway from the hospital, over to "heaven." She came across a

fire burning, and heard God say that she had too many sins and needed to be punished more; so she walked in the fire, burning her feet. She removed her clothing, but put it back on because it was cold. On another occasion, God showed her a Bible and condemned her to hell because she did not read the scriptures with enough faith. She then announced to her fellow patients, "I'm going to hell, that's decided; but you still have a choice. Now's the time to choose to go to heaven." Some days later, Sarah comes out of the episode, having been to hell and back, and hating herself.

In her illness, Sarah frequently "died," went to hell, and returned to the world again. These were vivid experiences for her, and it would seem that "death" had primarily two meanings for her: (1) the threat of dying was a tool to frighten or win the sympathy or rejection of her mother; (2) the experience of "dying" and of condemnation and hell is a way of punishing the self. Her psychotic spells provided a way of discharging a backlog of aggressive impulses.

Among the mentally ill death is seldom considered to be simply the end. It is frequently associated with aggression, guilt, and punishment; frequently these aspects of life are so threatening that the emotionally disturbed person runs away from them and pretends that they do not exist.

Summary

Studies of the emotionally ill show them to be more vulnerable to all forms of anxiety than stronger persons, and more afraid of death, hostility, pain, and all threatening aspects of reality. Consequently, they are more prone than healthier persons to deny or repress death. As a group, they are more disturbed by the discussion of death, and tend to look back upon childhood as a time of more intense fears and unpleasant experiences.

The emotionally disturbed are more prone to have "an aversion to life" and to experience and resent the frustration of their needs and their self-fulfillment. Guilt about consequent hostility (which they tend to want to keep hidden, but which may break forth in varied forms of destructive behavior) finds expression in the anticipation of suffering and the identification of death with pain. Such guilt may be expressed in depressive self-hatred or may be projected to the environment in a self-righteous way. Concern about the end of the world or about dying is related both to hostility and to the experiences of reality-distortion in psychotic episodes.

This chapter concludes the part of this dissertation which deals with the beliefs and attitudes toward death found within our culture. The next chapter will focus upon the varieties of behavior with which people meet situations of danger and possible death.

VI. REACTIONS TO THREATENING SITUATIONS

We have seen that most people manifest anxiety about death, associating it with the pain of grief, depression, loneliness, guilt and physical suffering. We now turn to look at what people do to cope with this anxiety. How do they respond to acute, threatening situations? How do they behave in a crisis? How do they deal with the perceived threat to their existence, and with the anxieties called forth by the emergency situation? From an enormous literature documenting human behavior in crisis, I shall present some examples which illustrate common patterns of defensive responses to danger. All of these patterns are seen in the sickroom, too, as persons with incurable illnesses face their last days. Deathbed existence will be the special focus of a later chapter.[1] Here we are concerned with reactions seen in a great variety of threatening situations.

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[1] Infra, chapter VIII.

Pain, Threat and Anxiety

Anxiety or fear is the tension aroused by the threat of pain. Some differentiate between an external threat causing fear and an internal threat causing anxiety, but since the causes are usually mixed and the end result similar, I do not find this a useful distinction, and tend to use the word anxiety generally. The threatening cause of anxiety may be conscious or unconscious, but the result is physical tension in which the organism prepares to cope with the threat by fighting it (aggression, rage) or fleeing from it (escape, fear). The anxiety may be conscious and manifested directly in nervous tension and psychomotor responses (tremor, perspiration, heart beat) or may be manifested more indirectly in fatigue, psychosomatic, neurotic and psychotic symptoms.

This conception of anxiety as the tension which prepares the organism to avoid pain is presented in the writings of the psychoanalyst Sandor Rado. It is the basic organizing principle for the study of emergency behavior in this chapter. "All fear is fear of pain to come,"[1] a response to what is perceived as danger. Whenever it is

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[1] S. Rado, "Emergency Behavior," Anxiety, edited by P. Hoch and J. Zubin (New York: Grune and Stratton, 1950), 150.

perceived, the whole organism becomes alert to meet it. Nature equips us to keep a lookout for danger.

The most primitive level of response to the environment Rado calls the hedonic level.[1] The organism responds to the alerting signal of pain by the emergency move of the "riddance response," designed to eliminate pain-causing agents from the surface or inside of the body. Examples of this are scratching, shedding tears, sneezing, coughing, spitting, vomiting, and colic bowel movement. At a psychological level, the riddance response is exemplified in the mechanism of repression, in which mental pain is gotten rid of by pushing it out of mind.

Rado points out that the riddance response as a form of emergency behavior is often inappropriate and instead of alleviating pain, increases it.

> We are all familiar with the impulse to tear away a severely aching part of the body. Similarly, the suspense of a (presumably) impending disaster may become so unbearably painful, that it will blindly drive the individual into the very misfortune he dreads. He may then act automatically, or yield to the irrational impulse "to get it over with."[2]

As an example, he cites the temptation of combat fatigued pilots: "Overwhelmed by the most uncontrollable dread that their 'number would turn up,' these men struggled with the temptation to crash their airplanes into the ground."[3]

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[1]Cf. ibid., 156. [2]Ibid., 160. [3]Ibid., 161.

Another example is provided by Mark Twain:

> When I was twelve and a half years old. . . the summer came and brought with it an epidemic of measles. For a time a child died almost every day. The village was paralyzed with fright, distress, despair. Children that were not smitten were imprisoned in their homes to save them from the infection. . . I was a prisoner. My soul was steeped in this awful dreariness and fear. At somewhat or other every day a sudden shiver shook me to the marrow, and I said to myself, "There, I've got it! and I shall die." Life on those miserable terms was not worth living, and at last I made up my mind to get the disease and have it over, one way or the other. I escaped from the house and went to. . . a playmate of mine who was very ill with the malady. When the chance offered, I crept into his room and got into bed with him.[1]

The next stage of behavior Rado calls the <u>emotional level</u>.[2] Here the person is alerted by brute rage (which moves the person to combat and defiance to eliminate the threat) or brute fear (which moves the person to escape, to submit to the threat, or to cry for help).

At the <u>low intellectual level</u>, which is the level of emotional thought, the alerting signals are angry thought (again, moving the person to combat or defiance) or apprehensive thought (moving the person to seek escape, to submit, or to cry for help). Here the person is capable of long range anticipation of pain from damage.[3]

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[1] M. Twain, <u>What Is Man and Other Essays</u> (New York: Harper and Bros., 1917), 130-31.

[2] Rado, <u>op.cit.</u>, 156. [3] <u>Ibid.</u>, 155.

At the <u>high intellectual level</u>[1] emergency behavior is the result of unemotional thought. Danger is detected well in advance. One weighs his own power against the threat and decides that either the threat exceeds one's own available power (in which case he chooses the lesser evil), or that one's power exceeds the threat (in which case he moves to protective domination over the threat).

It may be useful to relate Rado's thoughts on emergency behavior to the stimulus of impending death. When confronted with impending death, one will seek to evade, destroy, or conquer the threatening reality. As one has responded to other challenges and threats in life, so one may respond in similar fashion now.

Some persons seem to be constitutionally predisposed to more fear and anxiety than others. Studies of infants indicate a wide variety of responses to the same stimulus by different babies. Some are very fearful and upset, some are quite stolid, and most are mildly disturbed by a stimulus of uniform intensity.[2] The response of a person to a threatening situation is likely to follow a lifelong pattern. There are various patterns of response to the threatening stimuli of life and to the prospect of

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[1]Cf. <u>ibid</u>., 159.

[2]Cf. F. Hoch, "Biosocial Aspects of Anxiety," <u>Anxiety</u>, ed. F. Hoch and J. Zubin (New York: Grune & Stratton, 1950), 106-8.

dying. People vary both in the intensity of response to a threatening reality and in their type of response. The purpose of this section is to outline these behavioral patterns, as they are observed in situations of threat.

Denial of the Threat

One way in which people reduce anxiety is to deny the reality of its cause. The first reaction to the impact of a crisis is often disbelief. This is abundantly clear in literature describing disasters of various types. Menninger emphasized this in his study of a flood of the Kansas River in 1951.

> An amazing number of people refused to believe the flood could hit them. . . The result was that they would not move themselves or their belongings out of their houses. . . Of ten thousand homeless persons, nearly three thousand had to be rescued by boat. Some had to be forcibly evicted by the police. . . Then followed the aftermath when they learned the facts about their property and homes. The reactions were varying degrees of self-incrimination and many instances of justified extreme dejection and discouragement.[1]

One of the diabolical methods of modern warfare is to strike in an unexpected way. At the beginning of the Second World War, it was common for those threatened by danger or disaster to deny the danger which existed and to insist that the war was not going to take place--that they were not in danger. Many of the refugees and

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1. K. Menninger, "Psychological Reactions in an Emergency (Flood)," American Journal of Psychiatry, CIX (Aug. 1952), 128-30.

those in concentration camps during World War II blamed themselves later for not having faced up to the reality of what was taking place. If they had only realized sooner the danger that was upon them, they would have perhaps done something about it and escaped. But instead they waited until armies closed in upon them and the Gestapo knocked on the door. Then, in a sudden shock of realization, they became aware that they were victims of disaster.

Some individuals who are emotionally disturbed are never quite able to realize that they are living in a dangerous world. They are unable to face painful reality. This attitude toward the dangers of life is institutionalized in Christian Science, where death is not mentioned and where the dangers of life are denied. But is it not far more appropriate to survival to recognize a real danger and to flee from it than to deny its existence?

The mechanism of denial has as its goal the "peace of mind" of the individual. It is a method of reducing tension to a minimum. We use it constantly in overlooking the various dangers of life that might bother us. Most of us take risks daily without thinking much about it. We are all familiar with the chronic worrier who thinks constantly of all the possible dangers of life. It cannot be denied that these dangers exist, yet most people put them from mind.

In recent years, catastrophes have been studied in great detail by social psychologists. The best introduction to such studies is Disaster by Martha Wolfenstein.[1] In her observation of various disasters, the denial of danger is one of the most striking aspects of a disaster. She analyzes the significance of denial in various phases of a disaster:

> In relation to a possible future disaster at some remote date, those who are free from severe neurotic anxiety tend to deny the danger; it will not happen, or it will not affect them, or they just do not react to the prospect with any feeling of worry. The tendency to continue these attitudes at a time when disaster is imminent has negative consequences in that the traumatic effect of the event when it does occur is bound to be greater to the extent that there has not been emotional preparation for it. In the moment of impact denial again assumes a benevolent aspect in that those who retain the illusion of their own invulnerability while undergoing extreme danger tend to come out of it with less subsequent disturbance than those in whom this illusion is shattered. After the event denial again assumes a negative sign. Avoidance of response to what has happened or of the memory of it is indicative of a disturbed emotional state and induces further disturbance.[2]

Therefore denial at times is mentally healthy and at other times indicates emotional disturbance.

Most people have within them amazing resources of strength. They can hang on in spite of tremendous odds. The exile of the twentieth century refugees leaving

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[1] M. Wolfenstein, Disaster: A Psychological Essay (Glencoe, Ill.: The Free Press, 1957).

[2] Ibid., 146-47.

their home in such cases which or likely is symbolic of a tremendous determination to live. Despite hunger, loss of shelter, and destruction all around, life went on and the realities of mental illness had not strikingly different than in peace time.

What kind of a person is strong in a time of crisis? Wolfenstein describes the following person:

> The individual who will. . . weather a disaster most advantageously is. . . sufficiently free of neurotic anxiety that he does not worry about remote dangers. However, he is able to shift when a danger is imminent so that he takes it seriously, even while others are saying. . . that it may still not happen. He plunges the event in himself, and besides planning any relevant precautions, begins to inure himself to its emotional impact in this imaginary pre-exposure. He experiences some of the feelings appropriate to it in advance, which protects him against being overwhelmed by the unforeseen.
>
> Partly as a result of this preparation, partly because of the more long-term favorable factors. . . in the moment of extreme danger he preserves his confidence in his own survival. Afterwards he is able to acknowledge the full extent of the hazards undergone and whatever losses he may have suffered. He can tolerate the revival of the experience in memory, together with the painful feelings thus aroused; he can talk about it, and, by re-exposure in imagination, will gradually assimilate the event so that it can be looked back upon with equanimity.[1]

This pictures an individual with extremely good mental health, who is strong and capable in any situation, either crisis or routine.

Wolfenstein defines denial as covering a range of phenomena:[2] (1) low catharsis--"slight or very superficial

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[1]Ibid., 34. [2]Ibid., 43.

an unpleasant fact or prospect which is mainly disregarded."[1] (2) Repression--"an effortful exclusion from consciousness of a painful idea which is sometimes combined with a conscious belief which negates it."[2] (3) Isolation of affect--"dissociation from an idea (which remains conscious) of the emotion related to it, as in a merely verbal acceptance."[3] (4) Behavioral denial--"an intellectual and emotional acknowledgment of an unpleasant reality where the individual continues nevertheless to behave as if it were not so."[4] In all these types of denial, the individual does not react fully to a danger--future, present, or past.

Bruno Bettelheim, describing a year of imprisonment in the Dachau and Buchenwald concentration camps, tells of the reactions of his fellow inmates.[5] He describes vividly the use of denial as a mechanism of defense: "During the transportation, the prisoners developed a state of detachment, feeling as if what happened did not really happen to them as persons."[6] He speaks of "a split between the 'me' to whom it happened and the 'me' who did not really care, but was just an interested but detached observer."[7] Detachment and a

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[1]Ibid. [2]Ibid. [3]Ibid. [4]Ibid.

[5]B. Bettelheim, "Individual and Mass Behavior in Extreme Situations," Journal of Abnormal and Social Psychology, XXXVIII (1943), 417-52.

[6]Ibid., 433. [7]Ibid., 434.

sense of unreality are often a means of preserving the self from the more painful aspects of the environment and are life-preserving.

At the end of World War II, Wardini described the experience of American prisoners of war captured on Bataan and Corregidor and held in concentration camps by the Japanese.[1] Only 12,000 out of 30,000 survived.

> Although physical disease and the shortages of food, water, and medicine were at the highest during this period [at first], emotional shock and reactive depression played a great part in individual inability to cope with physical symptoms in disease and undoubtedly contributed to the massive death rate (4,000 in 5 months).[2]

"Hungry men were constantly reminded of their own nearness to death. . . They were often reduced to attitudes and action incompatible with their own previously accepted levels of behavior and self-respect."[3] In such a situation, the ability to detach oneself from outer reality contributed to survival, and the will to live was sustained by "the effectiveness of psychological defenses in preserving the strength of the ego and feelings of self-esteem."[4]

> It was important to look forward and backward and retain an active identification with one's home countrymen instead of the miserable prisoner group. . . These men had to overlook, repress, or ignore the present, and place undue emphasis on past and future.[5]

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[1] J. Wardini, "Survival Factors in American Prisoners of War of the Japanese," American Journal of Psychiatry, CIX (1952), 241-48.

[2] Ibid., 241. [3] Ibid. [4] Ibid., 244. [5] Ibid.

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[2] Ibid., 241. [3] Ibid. [4] Ibid., 244. [5] Ibid.

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One form of denial is humor, which is a safety valve for excess emotional tension and frequently is used in disaster situations in a manner which to any outsider would seem inappropriate indeed. Wolfenstein notes the joking remark of a tornado victim who thought about his wife's ruined meatloaf. "What a time to have a tornado! Just when for once we were going to have meat for supper."[1] Thus he pretends to overlook the destruction of the whole apartment and the more widespread devastation, as if the whole catastrophe consisted of the loss of the meatloaf. It is the person with a sense of humor who is best prepared to weather a difficult and threatening situation. If one can laugh at the danger and thereby belittle it, one proves his superiority over the outer situation. Therefore the comedian in time of war who gets people to laughing proves to them that they are more powerful than the dangers which they fear.

Some people are so successful in suppressing their fears that they become the victims of serious physical disorders based on tension. Psychosomatic medicine has shown how profoundly the body is influenced by emotions. Even death can be caused by emotional shock, as we shall see later. The minister can be of great

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[1]Wolfenstein, op. cit., 131.

help to a physically ill and dying person in helping reduce the tension caused by anxiety. Any counseling which helps relieve a person of such tensions will have a beneficial effect on his body.

Panic and Apathy

Another common reaction to personal threat or disaster is the feeling of being stunned. The person is suddenly confronted with such intense emotional shock that he retreats from reality momentarily. He does not know what to do about the situation. He feels confused, bewildered. He may defend himself against the situation by becoming concerned about very minor things, and thus overlook the disaster which has occurred in his life. Menninger calls the surprise reaction of apathy the most striking aspect of the victims of the Topeka flood.[1] So much has happened in the life of a person that he needs to back off and try to work the thing out inwardly. The psychiatrist Meerloo, who studied the behavior of social groups in wartime, writes:

> One speaks of panic when a dangerous occurrence causes a spontaneous, disorganizing reaction in the individual or the community. Whether this occurs in the nervous individual or in the insecure group, the result is that both "lose their minds." The socially important factor is the sudden reaction, the decomposing effect, the disintegration of the social formation or the individuality which results.[2]

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[1] Cf. W. Menninger, op. cit., 129-30.

[2] J. Meerloo, Patterns of Panic (New York: International Universities Press, 1950), 11.

It is common in disasters for individuals who are not physically injured, but who have lost home or loved ones, to need to be cared for completely. They seem to be in a stupor, not knowing where to turn. They need to be told what to do at the simplest level, and they need the chance to express their feelings.

Meerloo mentions several factors in panic---loneliness, the loss of leadership, a sense of isolation from others, lack of proper food, the loss of not being able to breathe, a lack of information about the threatening situation, a lack of mental preparation for the coming threat, and a lack of meaning or purpose in the catastrophe.[1] The best panic prevention is to inform people what is expected so that their fantastic fears are diminished and their energies directed toward a concrete object. During the First World War, as tensions mounted in the trenches, "shooting panics" occurred repeatedly as the men shot wildly, not against the enemy but against their fears; and the officers had to take ammunition away from their troops.[2] Every military strategist values the surprise attack. The enemy, caught unprepared, is stunned and bewildered when caught off guard, and unable to defend himself.

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[1] Ibid., 54-79. [2] Ibid., 35.

Fearing related that in a crowded London air-shelter in the spring of 1943, the people heard a sudden explosive roaring. The electric power failed, lights went out, and somebody stumbled on the stairs. There was a sudden upheaval of tremendous fear in the pitch dark. No rolling or crying was heard. When first aid arrived, nearly 600 of the 600 people were dead. Postmortems revealed no significant anatomical changes in the victims. Some scientists ascribe such death to a drop in blood pressure; others explain it as death by asphyxiation in which the necessary oxygen supply to the brain is cut off by the sudden cataleptic rigidity of muscles and breathing. "In the shelter, in the midst of dark unknown, the terrified notion that all would die killed 200 people."[2]

Wolfenstein describes "the disaster syndrome."[3] It is characterized by absence of emotion, lack of response to present stimuli, inhibition of outer activity, docility, and understandingness. In 1909, there was a great earthquake in Messina. A reporter wrote:

> The immediate and almost universal effect that the earthquake had on those who escaped death at Messina was one of stupefaction, almost of mental paralysis. They were stunned. Lamentation was infrequently heard except when caused by physical suffering. Tears were rarely seen. Men recounted how they had lost wife, children, mother, brothers, sisters, and all their possessions, with no apparent concern. They told their tales of woe as if they themselves had been disinterested spectators of another's loss.[4]

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[1] Ibid., 57. [2] Wolfenstein, op. cit., 77.

[3] Ibid. [4] Ibid.

An observer at the atomic destruction of Hiroshima described "the silence in the grove by the river where hundreds of gruesomely wounded suffered together. . . The hurt ones were quiet; no one wept, much less screamed in pain; no one complained; none of the many who died did so noisily; not even the children cried; very few people even spoke.[1]

Most disaster victims are stunned, without conscious emotion and with restricted awareness. Minorities at opposite ends of the scale are calm, lucid, and practical, or paralyzed by anxiety, crying hysterically, and disoriented.[2] The pastor may help victims of panic or apathy by being with them, encouraging them to talk about what has happened, and giving some specific guidance. The person who has suffered a tremendous shock may not be very talkative, but he has a profound need for the presence of a concerned person.

Facing the Threat and Doing Something Constructive

The most approved way in our society of responding to a threatening reality is to face it and do something about it. The tension aroused by the threat is transformed into some form of activity. This may include random movement, careful survey and analysis of the

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[1]Ibid. [2]Cf. ibid., 78.

situation seeking an escape, creative endeavor, sexual activity, obsessive preoccupation with some petty project, and more intense awareness of the moment and of the common things of life. Increased religious activity could be included under this category, but it is so often guilt-ridden that I include discussion of it later in the section of this chapter on guilt.[1]

Unless a threat is overwhelming in its impact, a person will often recover promptly from the bad news of forthcoming danger and try to see what the situation is, then attempt to do something about it. The philosopher Montaigne wrote that we should face death bravely. But when a disease began to spread through Paris, he did the most realistic thing and was one of the first to leave town. In The Stranger by Albert Camus,[2] the hero lies in a cell awaiting his execution for murder.

> I have just refused, for the third time, to see the prison chaplain. I have nothing to say to him, don't feel like talking--and shall be seeing him quite soon enough, anyway. The only thing that interests me now is the problem of circumventing the machine, learning if the inevitable admits a loophole. . . I am always wondering if there have been cases of condemned prisoners' escaping from the [guillotine] at the last moment. . . No, the one thing that counted for me was the possibility of making a dash for it and defeating their blood-thirsty rite; of a mad stampede to freedom that would anyhow give me a moment's hope, the gambler's last throw.[3]

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[1] Infra, 167-171.

[2] A. Camus, The Stranger, trans. Stuart Gilbert (New York: Vintage Books, 1956).

[3] Ibid., 135-36.

This effort to avoid execution is typical of men who have been condemned to die. Every legal loophole is carefully explored to see if there is any possibility of avoiding the inevitable.

Accepting the fact that one is going to die and that there is no way out of the situation is a considerable psychological achievement for any person. For a person to really face such a situation is rare indeed. Such a realistic facing of the situation is described in Death of a Man by Lael Tucker Wertenbaker.[1] The author describes the way her husband, a journalist suffering from cancer, faced the prospect of his death and decided to die bravely, looking death straight in the face. "'Dying is the last thing I'll have a chance to do well,' Wert said, 'I hope to hell I can.'"[2] Finally, when his enjoyment of life had come to an end and there was only the utter pain of the last hours, he cut his wrists. It takes a strong and courageous soul to look death in the face. Facing difficult reality is a matter of ego strength and of lifelong training and discipline. It is not something that can be manipulated outwardly. The last days of Sigmund Freud present another picture of a stoic individual, who looked open-eyed at the reality before him and

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[1] L. Wertenbaker, Death of a Man (New York: Random House, 1957).

[2] Ibid., 65.

refused to lapse into escapism or to deny the reality that had been his god. Ernest Jones, in his biography of Freud, describes Freud's death by cancer.

> With all the distress of his painful condition Freud showed no sign of complaint or irritability--nothing but full acceptance of his fate and resignation to it. . . Freud, like all good doctors, was adverse to taking drugs. . . "I prefer to think in torment than not to be able to think clearly." But with all this agony there was never the slightest sign of impatience or irritability. The philosophy of resignation and the acceptance of unalterable reality triumphed throughout. . .Freud died as he had lived--a realist.[1]

In Jones' notes from his eulogy speech, he further describes Freud's attitudes and actions.

> Nor did he in any way dread death, and that although what in others expresses itself as religious feeling did so in his as a transcendent belief in the value of life and in the value of love. Thus one can say of him that as never man loved life more, so never man feared death less. He had lived a full life, had experienced and felt its heights as well as its depths; he had warmed both hands at the fire of life, and life had nothing left to offer. . . He is being buried today in the atmosphere he would have wished, one of stark truth and realism; in sheer simplicity, without a note of pomp or ceremony.[2]

There are a few things that any responsible person will do before his death, if he is aware of the end. He will straighten out his affairs, make a will, provide for his funeral, say goodbye, and manage his own life, in so far as he is capable. All of these are realistic activities, quite appropriate to dying.

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[1] E. Jones, The Life and Work of Sigmund Freud (New York: Basic Books, 1953), III, 244-47.

[2] Ibid., 246-47.

Some persons become obsessed with death, facing it "too much" in the judgment of their fellow men. This may represent a kind of magical thinking: "See, I can look at death; I can write about it; I can include it in a rational system; I can laugh at it. Therefore, I am bigger than death. It will not kill me, I will overpower it and kill it first." This delusion seems to be a motive in some suicides, especially among psychotics. The literature which seeks to demonstrate a "death instinct" abounds with descriptions of persons who apparently have sided with death. The emperor Charles V, after his mother's death, always chose hangings of black cloth for his own bedroom. He gave up his rule of a great empire and in retirement was intensely preoccupied with funerals, finally celebrating his own while he was still alive.[1] Whatever his motives may have been, he was "facing" death by turning away from life, rather than accepting it as one aspect of life.

Random Activity: Flight Into the Environment

In a situation of threat, the body prepares for fight or flight. The tension of anxiety seeks an outlet in action, which may be purposive or simply a random way of relieving the tension. Some run around without direction, or pace the floor, or take a walk. Some turn to "getting something done" to avoid contemplating the threat.

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[1] Cf. C. Lamont, op. cit., 70.

Such obsessive activity may occupy the foreground of consciousness, while the background is occupied with thoughts and fantasies dealing with the threat. Random activity can be a flight from reality into some pseudo-realistic encounter with the environment. An example of this is the altruism of the injured victims of disaster who, surrounded by other victims, insist that the others be taken care of first. "They are worse off than I." Such concern for others helps one to divert anxiety about the seriousness of his own damage. One denies his own wounds by acknowledging the wounds of others.[1]

Another kind of flight into the environment in times of danger is sexual activity. The reminder of the imminence of death impells one to consume all he can while there is still time. The sexual act symbolizes life, and is a kind of retreat from harsh reality. Romance flowers in the shadow of death as people seek release from the tension of a threatening situation.

One escapist type of activity is appreciation of beauty. The person who is threatened with death may decide that he has had enough work in life and begin to look at the world and enjoy it more. He may find himself appreciating for the first time the beauty

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[1]Cf. Wolfenstein, op. cit., 82.

until harmonic life. The thought of death and below with it the heightened awareness of the moment and of the environment.

One type of reaction to threat is manic elation. The hyperactive person goes in all directions at once. He may become internally involved in some fantastic scheme. His whole body seems to be more alert. His mental processes are speeded up, and his imagination is more intense. In disasters, some people become elated and cheerful; often such persons anticipate reunion in death with a beloved parent figure. This expectation reduces the sense of abandonment and loneliness, and gives rise to the feeling that the most beloved lover is with him. The terror of dying helpless and forsaken is transformed into the opposite as elation triumphs over despair.[1] Wolfenstein cites an incident from Hiroshima to illustrate such elation:

> A professor and his son were pinned down under the ruins of their house. . . in imminent danger of burning to death. . . The son said, "Father, we can do nothing except make up our mind to consecrate our lives for the country. Let us give Banzai to our Emperor!" Then the father followed after his son, "Tenno-heika, Banzai, Banzai, Banzai!" [after being rescued] Dr. Hirahwa said, "Strange to say, I felt a calm and bright and peaceful spirit in my heart, when I shouted Banzai to Tenno. . . What a fortunate [thing] that we are Japanese! It was my first time I ever tasted such a beautiful spirit, when I decided to die for our Emperor."[2]

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[1] Ibid., 128. [2] Ibid.

Inactivity: Flight into Dreamland

Some react to threat like a turtle, retreating into themselves. They withdraw from reality through such devices as daydreaming, fainting, alcohol and drug intoxication, mystical ecstasy, and catatonia. Fainting is nature's way of relieving one from a devastating situation of extreme anxiety. Some turn to drink to dissolve their anxiety in alcohol, seeking a false euphoria or oblivion rather than face the situation. The catatonic physical rigidity and apparent stupor seen in some psychotics is a way of avoiding potentially painful relationships with people. The catatonic is so bound in by fear that he is afraid to move. He becomes bound up in himself physically, and his body postures tend to resemble a fetal position.

Such withdrawal from reality can be induced hypnotically so that awareness of the passage of time is greatly enhanced or diminished. The hypnotized person can be induced to experience a great deal of reality in a short period of time, or to endure hours of intense pain without being aware of it or of the passage of time.

Most people inflicted with severe pain in the terminal stage of an illness will request relief through drugs and will have a poor contact with other persons.

The ministry to a dying person during the last hours of his life is of necessity usually directed toward the relatives and bystanders because the person is so far removed, by weakness and drugs, from contact with his environment.

Memory: The Flight into the Past

There is a tendency for a person suddenly threatened with extinction to think back over his entire life. This phenomenon was studied intensively by the Swiss minister-psychoanalyst Oskar Pfister in his article on "Thoughts and Fantasies During Sudden Extreme Danger."[1] Pfister collected observations of people who had experienced falls from heights and survived, or had been involved in automobile or train accidents. He claims that 95% of all accident victims have similar experiences, regardless of their educational background.

How does one feel when he is falling from a tremendous height? According to Pfister,[2] he feels no pain and very little inhibiting fear as with lesser dangers. There is a quiet seriousness, a deep resignation, a dominating spiritual security and awareness. The capacity for thought seems to be enormous and there is no sense of confusion or derangement. The eventuality

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[1]O. Pfister, "Gedankenen und Gedankenphantasien bei höchster Todesgefahr," Internationale Zeitschrift für Psychoanalyse, XVI (1930), 430-55.

[2]Cf. ibid., 431.

of death is surveyed with objective clarity. In many cases, there is a sudden looking back into the past experiences of life. It is as though one is sitting on a high balcony watching himself on a theater stage, acting out brief episodes in one's life. One often hears beautiful music and falls into a heavenly blue sky with rose-colored clouds. Then one loses consciousness painlessly, usually in the moment of landing.

Pfister himself had two accidents while mountain climbing. His own experience was to first deny the reality that he was actually falling. He said to himself, "It can't be that you are falling. Don't worry. It just seems that way." Then immediately the opposite thought occurred. "But you are falling. You're in danger. Watch out." Then he began to make some effort to secure himself and to find safety.[1]

Pfister tells of a theology student's experience during an automobile accident in which fantasy and realistic thought were blended together. The student experienced a whole flood of thoughts in a few moments.

> The next crash brings me death. . . A succession of pictures appeared before me in quick succession, all the beauty and love that I have experienced in this world. In the midst of this I heard like a powerful melody a sermon I had heard that morning. "God is almighty. Heaven and earth are in His hands." Unending peace overcame me with this thought in the midst of the frightening tumult.[2]

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[1] Ibid., 431. [2] Ibid., 433.

Pfister quotes a Zürich geologist, who fell some 15 seconds before he landed in a patch of snow:

> I saw as upon a stage in the distance my whole past life played in countless pictures. I saw myself as the leading man. Everything was as though seen through a heavenly light and all was beautiful, and without pain, fear, or errors. The remembrance of and experiences was clear but not sad. My battles had become love. Sublime thoughts of redemption ruled and bound together the single pictures and divine peace flowed through my soul like music. More and more I was surrounded by a magnificent blue sky, with pink and violet clouds. I floated without torment, flying freely through the air. Then I saw a field of snow under me. Objective observation and thought went side by side with subjective feeling. Then I heard my own crash and my fall had come to an end.[1]

These fantasies were intermingled with thoughts during his fall, which were easier to remember than the fantasies:

> Here comes a wall of rock. If I fall there, I die. If I fall on that patch of snow, I might live. In case I fall there, I will immediately take smelling salts to keep from fainting. I should throw away my glasses to keep from splintering my eyes. My hands won't obey. What will my relatives do when they hear about this! I shall call them to reassure them that everything is all right.[2]

The fantasy pictures that he beheld were of various schoolboy incidents and mountain climbing trips. After looking at the patch of snow beneath, he thought, "A moment from now I'll be dead." He saw in fantasy a sailmen giving his mother the death message at the front door. She and other members of his family received the

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[1] Ibid., 434. [2] Ibid.

news with deep pain, but greatness of soul. There were no complaints, no whining, no crying, even as he at that moment felt not a trace of fear or pain, but was going to death without anxiety. "I had not the least necessity to implore the aid of God. It was a feeling of exalted surrender to necessity."[1] He began to sense glorious music.

Pfister explains such fantasies by saying that the unconscious takes over in such a threatening situation, and remodels or edits reality so that it becomes a picture of trust or consolation.[2] They protect the individual from too much emotional disturbance. In lesser situations of threat, a person might become paralyzed or useless, but when one is aware of extreme danger, there follows an immediate, tremendous acceleration of thought production, and the lessening of fear or torment. A sense of unreality protects one from the stimuli which are too threatening to absorb and immediately digest. To illustrate this, Pfister cites an incident in which two men fell in an Alpine accident. As one saw his friend bleeding and dying, he laughed inwardly and said, "It doesn't matter. This whole thing is just a dream." An hour later he asked for his friend and when he was told his friend was dead, he felt his own broken ribs and realized he himself was injured and in pain.[3]

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[1] Ibid., 433. [2] Cf. Ibid., 444. [3] Cf. Ibid., 445.

Pfister compares shock fantasy to dreams. Whereas dreams protect us during sleep from waking, shock fantasies protect us during a crisis from falling asleep or fainting, so that there remains some degree of consciousness with which to cope with the painful situation. "This enormous production of pleasure in the moment of greatest danger means a brilliant victory of wish-thinking over the recognition of a terrible situation, a victory of illusion over reality."[1]

Hostility as a Response to Threat

The anxious tension aroused by threat is often manifested in hostility, either undirected random anger or hostility directed toward the supposed source of threat. Wolfenstein says, "The first impression in the moment of impact, as suggested by the images which I have cited (it was like someone hitting you over the head, etc.), is of a brutal attack."[2] When a threat is seen in this way, to be hostile is to respond in kind. The angry cry of Job, "Why did this have to happen to me?" is familiar to every hospital chaplain. Resentment, bitterness, cursing, or obscenity may burst forth from the lips of a person who has been trying for years to be good. I know of

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[1]Ibid., 448. [2]Wolfenstein, op. cit., 206.

one young man dying of an incurable disease, who piously travelled hundreds of miles to pray at a healing shrine, and then became vicious in his last days, sputtering obscenity and cursing God. Certainly more people feel angry inside than admit it. Often burning resentment is covered with a veneer of religion and smiles.

Every parent knows how cranky a child can be when he is hungry, tired, or frustrated. A person in pain may become angry, or the thought of medical bills wiping out one's savings can precipitate a rage. A family waiting day after day by the bedside of a dying person may find anger welling up within themselves. I recall one man looking in anguish at his comatose wife, stroking her face and crying, "Damn it, you could at least say goodbye. . . Come back and say goodbye, just for a moment!" Then he broke down and cried, and told her he was sorry for swearing.

Some people get considerable gratification from a disaster. On all sides is the destruction sufficient to satisfy their own needs to destroy. In a time of acute threat, the individual may think, "Rather them than me!" Wolfenstein points out this competition for survival and cites the sinking of the Titanic. "Where the situation is one in which there is a competition for . . . survival, acts of extreme brutality may occur. . .

one young man dreamed of an invincible fleeces, who should travelled hundreds of miles to prove it a healing province, and then became victorious in his last days, evidently overcome by and conquer him. Everybody were jealous that young hunting from claimed it. Other hunting companions in conquered also a venture of religious and culture.

Very present hours has change a valid can be from be in hunting, slave, or frustrated. A person in pain may become angry, or the thought of medical bills during but one's savings can precipitate a rage. A family member may after day be the victim of a flying person who find anger welling up within themselves. I recall one my looking in amazing at his previous wife, wondering her tire and crying. "Damn it, you could at least say sorry. . . Sore back and sag problem, just for a moment." Then he threw down and cried, and told her he was sorry for about it.

Some people get conditionally realistic from a disaster. In all cases in the hunting-gatherer environment to satisfy their own needs to hunting. In a time of acute threat, the individual may think, "Rather than me." Individuals claim and in a communities in survival and close the attention of the Titanic. "Under the situation in one in which there is a disappearance in . . . survival, acts of extreme brutality may occur. . .

Survivors in the lifeboats felt threatened by those who were swimming towards them. . . There did not seem to be room for more. . . Fear-crazed men and women struck with oars at the heads of swimmers."[1] Wolfenstein believes that the struggle for life in a crowd, where each would kill the other to survive, is not only a frightening, but also a gratifying idea. She feels that intense excitement and sado-masochistic satisfactions are evoked by such experience.[2]

A disaster also offers opportunity for vicarious gratification through fantasy of hostile impulse which have been lying dormant. Wolfenstein points out that "a terrible event also stimulates destructive fantasies, which may take the form of overestimation of damage. Often in a disaster-stricken community there are false rumors of the death of particular individuals."[3] Hostility in fantasy was seen in the acute anxiety of certain children during World War II air raid drills.[4] Wolfenstein says:

> These were individuals who in their family relations experienced intense hostility together with great fear of retaliation if they expressed it. . . This, then, was the explosion which they dreaded, the image of which they projected on the outer world.[5]

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[1]Ibid., 100. [2]Cf. ibid., 88. [3]Ibid., 56.

[4]Supra, 73-74. [5]Wolfenstein, op. cit., 7.

[illegible]

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Thus a threat can bring out, either openly or by projection, latent negative feelings.

Two behavioral patterns follow the unconscious satisfaction of hostility during a disaster. One is the upsurge of warm, loving feelings. This may be partly relief in having survived the disaster and in discovering that (perhaps contrary to expectations) beloved persons have also survived. Wolfenstein suggests that this upsurge of loving feelings is related to "a surfeit of vicarious gratification of hostile impulses by the extensive damage which has been done. The predominance of good sentiments may thus be considered as in part a consequence of the temporary subsidence of the negative feelings which at other times interfere with them."[1]

The other pattern of response is guilt. One may fantasy that being omnipotent his destructive impulses have caused the disaster. Guilt is so frequent a component of the anxiety of the threatened or dying person that it is treated separately in the next section.

Guilt and Self-Punishing Behavior

Crisis is the Greek word for judgment. In the traditional view, suffering was seen as punishment from

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[1] Ibid., ix.

thus a tension may arise out, either overtly or by sublimation, latent negative feelings.

The behavioral patterns follow the unconscious satisfaction of hostility during a disaster. This is the language of wish, loving feelings. This may be usually noticed in having survived the disaster and in discussing that (perhaps contrary to expectations) below 3 survivors have also survived. Individual experiences that this language of loving feelings is related to "a sense of vicarious gratification of hostile feelings in the exhaustive disaster which has been done. The phenomenon of good sentiments may thus be considered as in part a consequence of the temporary unbalance of the negative feelings which at other times interfere with them."[1]

The other pattern of response is guilt. One may fantasy that being conscious his destructive impulses have caused the disaster. Guilt is an important component of the anxiety of the threatened or injured person that it is located separately in the next problem.

Guilt and Self-Punishment

Guilt is the least need for punishment. In the traditional view, suffering was seen as punishment for

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[1] Idem.

God or a warning to turn from evil. Profound religious thought, such as in the Book of Job, may question this assumption, but in the popular mind the two go together. A person who has lived a most exemplary life may, in a crisis, feel condemned.

Such a response may be seen also in those who have not known our Biblical heritage, because guilt, and the behavior by which people seek to avert punishment, is not simply a Christian problem. It is rooted in the childhood relationship between parents and children, as we have seen above.[1] The parents become internalized. The voice of conscience is the echo of those who taught us right from wrong.

In Christian faith, however, conscience is not simply mother or father but the voice of God himself who is the Judge of all men. And this Judge, if we read about him in the Bible, is no sentimentalist, but one who casts worthless servants to a place where they will weep and gnash their teeth in anger. "The soul that sins shall die."[2]

So in sickness, the man of faith may cry out:

> Remove thy plague from me;
> By the blows of thy hand I perish.
> With rebukes for guilt thou dost chastise a man.[3]

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[1] Supra, chapter III, especially 71-74.

[2] Ezekiel 18:4. [3] Psalm 39: 10-11.

All evil, all misfortune, all sickness may be interpreted as the visitation of the angel of judgment. It is as if one had the clothing of everyday life stripped away, and found himself standing before the throne of the Almighty. Suddenly one realizes that he has been living as though life would go on forever, that he has been exploiting others, that he has been wasting his time and his talents in frivolous pursuits. If guilt is the "sting of death," then the reminder of death may be the searchlight revealing the previously hidden depths of guilt. One suddenly becomes aware of the God "unto whom all hearts are open, all desires known, and from whom no secrets are hid."

One will respond to such feelings of guilt with the behavioral patterns characteristic of his spiritual maturity. Efforts at propitiation through punishment and a program of good works represent the desire to win forgiveness and avoid punishment. Repentance in crisis may be shallow, and the good works it produces may subside as one feels safer. On the other hand, a crisis may truly awaken one to the great crisis which we must some day face, and true amendment of life may result. We will consider this further in Chapter VIII where <u>Deathless Existence</u> is discussed.

Depression as a Response to Threat

Depression is associated with death in the minds of people because it is such an important part of the grief reaction. It may vary from mild downheartedness to stupor. The person may feel discouraged and futile and lose interest in the usual activities. There may be constant unpleasant tension, mental pain, preoccupation with self-criticism, despair, and thoughts of death. Depression varies from person to person in etiology and dynamics. It has been observed in babies in nurseries when they are separated for a time from their mothers. They reject their environment and withdraw into themselves. Their development becomes retarded and reaction to stimuli is slowed down. There is a general appearance of dejection and stupor. Also seen is loss of appetite and insomnia.[1] With the return of their mothers, such infants have been observed to become suddenly friendly, gay, and approachable. The withdrawal and sadness disappears as if by magic, and the development quotient rises immediately.[2]

In his study of melancholia, Sandor Rado describes the ego of persons predisposed to depressive states.[3] Above all, they have an intensely strong craving

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[1]Cf. R. Spitz, "Anaclitic Depression," The Psychoanalytic Study of the Child (New York: International Universities Press, 1946), II, 316.

[2]Cf. ibid., 330.

[3]Cf. S. Rado, "The Problem of Melancholia," International Journal of Psychoanalysis, IX (1928), 421-23.

for egotistic gratification. They react to trivial offenses and disappointments with a fall in self-esteem. They are wholly dependent on other people for maintaining their self-esteem, not having reached the level of independence where self-esteem is based on the person's own achievement and critical judgment. They have a sense of security and comfort only when they feel themselves loved, esteemed, supported, and encouraged.[1]

Other classical psychoanalytic studies of depression have been done by Melanie Klein, Sigmund Freud, and Karl Abrahan. Melanie Klein traced the roots of depression to early childhood.

> Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contacts with loved people, increase ambivalence, diminish trust and hope, and confirm anxieties about inner annihilation and external persecution.[2]

In "Mourning and Melancholia" (1916), Freud[3] found it similar to the grief reaction. His thesis was that in melancholia the object which has been renounced is set up within the ego intact. When the melancholic represses himself, he is continuing his aggressive tendencies against the object.

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[1] Cf. ibid., 422.

[2] M. Klein, "Mourning and Its Relation to Manic-Depressive States," International Journal of Psychoanalysis, XXI (April, 1940), 128.

[3] S. Freud, "Mourning and Melancholia," Collected Papers (London: Hogarth Press, 1953), IV, 152-73.

> It is as if the ego . . . were saying to his superego: 'I will take all the guilt upon myself and submit myself to any punishment; I will even by ceasing to care for my bodily welfare, offer myself as an expiatory sacrifice, if you will only interest yourself in me and be kind to me.'[1]

The person blames himself because of his previous hostile impulses toward the love object, and punishes himself to atone for his guilt and to win affection again.

A person who has learned of his own impending death may feel disillusioned with the protective covers, as if he is unloved and unlovable to be thus cast aside from the realm of the living. His depression may be a way of trying to get God back on his side. The dying person may associate death with feelings of grief. He may become depressed in a kind of preliminary grief reaction, as if he were beginning to dissociate himself from the objects of his love. The memory of past grief is one reason why the discussion of death is so anxiety provoking, and why people can not be more courageous and frank in facing their own death.

The turmoil through which the soul passes after the death of a loved one is nature's way of wiping out old relationships and freeing the person for new ones. Freud compares grief work with a person going through his belongings and throwing them away one by one.

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[1] Ibid.

In one of the earliest psychoanalytic studies of depression (1911) by Karl Abraham,[1] he proposed that it is a reaction to the loss of love. In 1923 Abraham pointed to ambivalence as the basis for the melancholiac's incapacity for love.[2] He pointed out a "primal depression" in the childhood history of most melancholiacs because of disappointment by both mother and father.

The depressive person goes through life with "a great despairing cry for love."[3] He is never satisfied, despite all his efforts to win affection and appreciation. Because of his ambivalence he cannot love wholeheartedly, nor expect such love from others. He responds with resentment to being slighted and is frustrated that others are not more loving. When he incurs the loss of beloved objects, he becomes depressed as "an attempt at reparation (cure) on a grand scale . . . designed to revive the ego's self-regard which has been annihilated by the loss of love, to restore the interrupted love relation."[4] The melancholiac withdraws to the inner world of his own mind.

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[1]K. Abraham, "Notes on the Psycho-Analytic Investigation and Treatment of Manic-Depressive Insanity and Allied Conditions," Selected Papers of Karl Abraham, M.D. (London: Hogarth Press, 1927), 137-56.

[2]K. Abraham, "A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders," Selected Papers of Karl Abraham, M.D. (London: Hogarth Press, 1927), 418-501.

[3]S. Rado, "The Problem of Melancholia," International Journal of Psycho-Analysis, II (1928), 436.

[4]Ibid., 435.

In one of the earliest psychoanalytical studies of homosexuality (1912) by Karl Abraham,[1] he proposed that it is a reaction to the loss of love. In 1917 Abraham published an elaboration on the basis for the psychoanalytic homosexuality for love.[2] He pointed out a "typical characteristic" in the childhood history of most homosexuals because of disappointed by their mother and father.

The depressive person goes through life with "great depending cry for love."[3] He is never satisfied, despite all his efforts to win affection and appreciation. Because of his ambivalence he cannot love wholeheartedly, nor expect such love from others. He succeeds with resentment to being alienated and is frustrated that others are not more loving. When he loses the love of beloved objects, he becomes depressed as "an attempt at regurgitation (anus) on a grand scale . . . designed to revive the early satisfaction which has been substituted by the loss of love, to restore the interrupted love relations."[4] The melancholic withdraws to the inner world of his own ego.

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[1] Abraham, "Contribution to the Psychoanalytic Study of Mental Disorders in Dementia Praecox or Schizophrenia" (London: Hogarth Press, 1927).

[2] Abraham, "A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders," in Selected Papers on Psychoanalysis (London: Hogarth Press, 1927).

[3] Ibid., "The Psychology of Alcoholism," in Selected Papers on Psychoanalysis, op. cit.

[4] Ibid., p. 137.

> Reality passes its verdict--that the object no longer exists--upon each single one of the memories and hopes through which the libido was attached to the lost object, and the ego, confronted as it were with the decision whether it will share this fate, is persuaded by the sum of its narcissistic satisfactions in being alive to sever its attachment to the non-existent object.[1]

I will deal later with the pastoral ministry to the bereaved. The subject has been given considerable study in recent years by various authors.[2]

Summary

In previous chapters we noted that death (about which we essentially know nothing) becomes the symbol of all manner of evil: physical pain, sickness, loneliness, grief, the loss of selfhood, guilt, and punishment. We fear death not because we know it is bad, but because we have learned to associate with it these aspects of human misery. Therefore, in the prospect of imminent death, we are threatened.

In this chapter we have examined behavior responses to such threat in a variety of crisis situations.

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[1] Freud, "Mourning and Melancholia," Collected Papers (London: Hogarth Press, 1953), IV, 166.

[2] Especially E. Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, CI (Sept., 1944), 141-49; E. Jackson, Understanding Grief (New York: Abingdon Press, 1957); and F. Irion, The Funeral and the Mourners (New York: Abingdon Press, 1954).

Sander Hall's conceptions of fear and emergency behavior have been useful in this analysis. Fear or anxiety is the state of tension aroused by a perceived threat of pain. It is primarily an involuntary physiological reaction and only secondarily a psychological phenomenon. Emergency behavior is the effort to avoid pain by coping with the situation or fleeing from it. Secondarily, it is the response to the anxiety itself.

We have considered numerous forms of crisis behavior. These fall into three types: (1) denial of the existence of the threat, (2) fleeing from the threat, (3) facing the threat. These maneuvers may be mixed together in many ways.

Different persons have their own habitual ways of responding to crisis. Some persons (with greater strength of "character, "ego," or "self-confidence") see reality more clearly, respond to the threat with appropriate anxiety and deal with the threat more realistically and confidently than others.

Less secure persons over-react to danger, and show inappropriate behavior in meeting the challenge. Their capacity for dealing with the outer threat may be crippled by the anxiety of inner conflict already present before the emergency arises. The additional anxiety

aroused by danger may be so overwhelming in its impact that the resulting behavior is grossly inadequate in meeting the challenge, as in psychotic states. On the other hand, some persons find neurotic tensions relieved in situations of external threat (such as warfare, bombing, and literature or drama featuring danger), where feelings of fear or anger can be absorbed by a concrete target.

One is reminded, in observing crisis behavior, of the words of Jesus. The wholesome person "will be like a wise man who built his house upon the rock; and the rain fell, and the floods came, and the winds blew and beat upon that house, but it did not fall, because it had been founded upon the rock." The weaker person has built his house upon the sand; "And it fell, and great was the fall of it."[1]

In the chapters to come, our focus will be the deathbed itself. We will consider first the problem most frequently discussed by physicians and clergymen: Should the patient be told the truth?

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[1]Matthew 7:24-27.

VII. THE PHYSICIAN, THE DYING PATIENT, AND THE TRUTH

The Debate About Telling the Truth

In considering the existential predicament of the dying person and the minister's pastoral role in the crisis of impending death, a basic issue is the reluctance of people in our culture to talk about death. When the problem of the dying patient is discussed by physicians or clergymen, the question most often raised is whether or not the patient should be informed of his diagnosis and prognosis.

Ministers often complain that the practice of withholding information forces all concerned into a needless deceit and hinders frank pastoral and family relationships. Many physicians agree, and let most of their patients find out their condition. But many keep a fatal prognosis secret, fostering the patient's illusions of getting well as long as possible.

It is important to consider this problem, not only for the light it may shed upon the patient's predicament, but because it is worth while for ministers to understand the thinking of medical personnel. The physician who

fosters such deception may do so for very good reasons, not simply because of cultural pressures toward the denial of death. Physicians have experienced how distressing some patients' reactions to a fatal prognosis can be. Those who propose telling the truth always should experience the suffering of physicians who have precipitated disastrous reactions in their patients--hopelessness, acute anxiety, paranoid states, withdrawal, apathy, somatic reactions, depression, and suicide.

The human struggle to hold back death is symbolized by the hospital. It is here, where so many people come to die, that death is most unmentionable. It is present, and all know it, but it is not discussed. The hospital is a place for getting well. Its function is to keep people alive, and on any given day its population is composed primarily of people who are not near death, but recovering from accidents, illness, or surgery. Compared to the number who leave the hospital improved, the number who die are a very small minority. A typical unpublished report of a hospital surgery service, for instance, shows that during the month of the report only 2.2% of the surgery patients died. Hospitals are for staying alive.

So the mention of death is muted. The patient is not dying, he is "terminal," or "the prognosis is unfavorable."

[illegible] even [illegible] to be [illegible] measure, not simply because of [illegible] prevents [illegible] death. [illegible] tragedy [illegible] resulting in a total recovery can be. Those who propose killing the [illegible] would encourage the [illegible] of medicine [illegible] [illegible] [illegible]

He does not die, he "expires." The process of transferring a body from hospital bed to mortuary is an inconspicuous matter of efficient routine.

If death is unmentionable, it is also impersonal. It is not something that is thought of as "belonging" to a person--an existential event; it is a thing which happens. As Rilke wrote:

> Their production is so enormous an individual death is not so nicely carried out; but then that doesn't matter. It is quantity that counts. Who cares anything today for a finely finished death? No one.
>
> The wish to have a death of one's own is growing even rarer. A while yet, and it will be just as rare as a life of one's own. . .
>
> One dies just as it comes; one dies the death that belongs to the disease. . . and the sick person has so to speak nothing to do.[1]

This "death that belongs to the disease" is duly reported at a hospital staff meeting, in the terms in which the physician typically thinks of his patients:

> Thirty-two year old female, obese. Admitted with abdominal pain, fever, weakness, and right lower quadrant tenderness. . . Laboratory studies revealed a marked anemia. Abdominal x-ray on admission revealed suspicion of a right lower quadrant mass. Intravenous pyelogram, blood cultures, agglutination tests negative. Barium enema confirmed a diagnosis of right lower quadrant abscess, and showed a gastro-colic fistula. Patient was given intravenous fluids, blood transfusions, antibiotics, and was operated upon. Drainage of a huge right-sided abdominal abscess was done. . . Postoperatively the patient showed high fever, shock, and expired despite treatment with Levophed, blood, antibiotics, Cortisone.[2]

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[1] R. Rilke, quoted by G. Aronson, "Treatment of the Dying Person," The Meaning of Death, ed. H. Feifel (New York: McGraw Hill, 1959), 254.

[2] Anonymous, unpublished report of a general hospital surgical service.

[illegible]

[illegible]

[illegible]

All of this stands in stark contrast to previous ages when not comfort but the condition of a man's soul was considered the focus of attention on the deathbed. McNeill cites a medieval treatise by Jean Gerson (d. 1429 A.D.) in which the dying person is urged to attend to the salvation of his soul.

> Six questions to be asked of him are then set down, with proper answers, including a promise to live better than before, should he recover. There follow prayers to God, Mary, his guardian angel and patron saints. The sick man is induced to take the Eucharist, and if time permits, legends, histories, and prayers are read to him. An image of the Crucified, or of a specially revered saint, is held over him. His wife, children, friends, and household must not encourage him with false hopes of recovery.[1]

As McNeill looks at the deathbed historically, he finds that previous centuries show a different emphasis than ours.

> . . . Death is not treated lightly. The deathbed is a battlefield on which malign and gracious spirits contend for the soul. . . The dying man. . . has "great and grievous temptations." . . The devils seek to destroy the sufferer's faith and hope and patience, or to entrap him in vainglory.[2]

McNeill also cites Jeremy Taylor (d. 1667 A.D.), who in Holy Dying (1651)[3] makes the whole of life a school for dying. He "contrasts the desperation of the reckless sinner at death with the good man's joy in passing, assured of pardon, into liberty and glory. 'In sickness

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[1]J. Gerson, cited by J. McNeill, A History of the Cure of Souls (New York: Harper and Bros.,1951), 158-59.

[2]J. McNeill, op. cit., 213.

[3]Ibid.

the soul begins to dress herself for immortality.' . . . He [Taylor] gives twenty-four arguments. . . to awake a 'stupid conscience.' . . . He feels the awful alternative of man's destiny in heaven or hell."[1]

Today things have changed. Experienced ministers have told me that they have seldom discussed death with a dying person. In a symposium on "When We Face the Dying," one evangelical minister writes:

> In a ministry of twenty years I have not had many opportunities to face a death sentence with people. . . The current fad about incurable diseases is to conceal the truth. Most of the time ministers are bound by the conspiracy of silence, evasion, or downright falsehood. The old idea of helping to prepare the patient for death and destiny is hardly even entertained. The current slogan is: "Drug them into eternity."[2]

On the one hand, most clergymen and some physicians want (at least in theory) to give the dying patient the opportunity to face his condition and die like a man. On the other hand, a majority of physicians prefer the "conspiracy of silence," rather than taking the risk of harming their patients. To better clarify the issues involved, I shall summarize several studies that have been made.

The Opinions and Attitudes of Physicians

In a recent survey by a psychiatrist at the Michael Reese Hospital in Chicago, "Eighty percent of the doctors

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[1] Ibid.

[2] G. Weisiger III, "When We Face the Dying," Christianity Today (Feb. 3, 1958), 15.

questioned said that you can't tell a patient he's dying without hastening his death through fright or depression.[1]

In another study, Russell Dicks sampled the opinions of 460 physicians on the question, "Do you think a person facing death should be told what he is facing?" His findings were:[2]

If the patient asks

Yes	59.8%	(275)
No	16.5%	(76)
Depends on patient .	14.1%	(65)
Usually	8.3%	(38)
Unclassified	1.3%	(6)
	100.0%	(460)

If he does not ask

Yes	11.9%	(56)
No	56.4%	(265)
If necessary for his affairs . .	25.6%	(121)
Only if his soul is at stake . .	0.2%	(1)
Unclassified	5.7%	(27)
	100.0%	(460)

To summarize, Dicks found that:

17% Never inform
56% Do not inform when not asked
85% Usually inform when asked (with reservations)
60% Always inform when asked
30% Sometimes inform when not asked
12% Always inform, whether asked or not

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[1] T. Hackett and A. Visman, "When To Tell Dying Patients the Truth," Medical Economics (Dec. 4, 1961), 81.

[2] R. Dicks, "How Doctors Treat the Dying," The Pastor (November, 1959), 36.

Those who take the moderate approach respect the patient's right to the truth, yet use discretion and kindness in not confronting patients who do not want to be told their condition. As St. Paul has said, we are to "speak the truth in love."[1] If we value both honesty and consideration for the feelings of others, both extreme approaches seem ethically questionable.

Some psychiatrists who have written on the care of the dying have analyzed the motives of those who take the extreme positions. The truth-teller is accused of being sadistically unkind, ignorant of psychodynamics, obsessively concerned with "truth," or striving for power. Bernard C. Meyer points out that some physicians become preoccupied with their own omnipotence and omniscience.

> Should he be one of those lonely tormented souls who have entered into the domain of healing to satisfy some secret yearning to direct and control those fellow beings of whom he is covertly afraid, his words, uttered in the service of his concealed strivings, may prove to be both intemperate and noxious. . .
>
> Such a one is given to pronouncements of the "truth" with an underlying essence of brutality, dubbed by him "frankness." He dispenses counsel where angels fear to tread. . . Indeed he is most dogmatic when he is most confused, for when he cannot be positive he most keenly feels his inner emptiness. . .
>
> The obsessional physician, on the other hand, meticulously addicted to a policy of dedicated honesty, finds it incumbent upon him to convey every fact and finding. . .[2]

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[1]Ephesians 4:15.

[2]B. Meyer, "Should the Patient Know the Truth?" Journal of the Mount Sinai Hospital New York, XX (March, 1954), 344-346.

Meyer continues:

> Neither physicians dispensing truth out of a process of paranoiagic projection. Wrestling with indifferent sneezes against his own weaknesses, he may display greatest vigor in combatting the temptations of his patients.[1]

At the other end of the continuum is the physician who cannot face the reality of his patients' death or hostility, and who creates deceptions at all costs to keep his patients cheerful. The psychiatrist August F. Casper sees in such a physician an inner feeling of impotence and helplessness which is masked behind the ideals of scientific infallibility, as in a delusion of grandeur; he cannot accept the fact that eventually all his patients, and he himself, will die.

> Be less than other men is suited to face the dying; they are a personal affront, a symbol of his human helplessness, and an end to his life. . .
>
> I will only caution the ungrateful affrontery of one who dies despite our most skillful ministrations, the narcissistic damage to a vaunted intellect proved ignorant, the deep wounds to omnipotence when we are shown to be quite impotent. . . We are hastily denying death, and here is a person doing his level best to demonstrate its reality. . .
>
> The doctor continues his maternal identification and vicarious dependency by caring for others. This ordinarily works very well because he helps people, and they are grateful and "like" him. . .[2]

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[1] Ibid.

[2] A. Casper, "The Doctor and the Dying Patient," The Meaning of Death, ed. by H. Feifel (New York: McGraw Hill Book Co., 1959), 265-269.

Further, Kaspers says:

> The doctor keeps his power, his patients' love, and his invulnerability by fending off death and illness. . . . The doctor. . . cannot face the anger and rejection of the hurt and disappointed patient. . .
>
> The doctor's disillusionment, depending on his maturity, will show as sympathy, anger, disgust, indifference, interest, disappointment, or embarrassment. . . . A patient may perceive how his dose affects his physician. The hardest to bear is indifference because it is so defensive, so weak. . .[1]

The Opinions and Attitudes of Patients

A study by Daniel Cappon.--In a statistical study of "conscious, formalized public attitudes to death and dying," Daniel Cappon, a psychiatrist at the University of Toronto, asked 254 subjects selected at random to respond to a rather comprehensive questionnaire.[2] His sample included 75 non-patients, 89 psychiatric patients (in private practice, psychiatric hospitals, and mental hospitals), 60 general hospital patients without cancer, and 30 patients dying in a cancer hospital. Here are his results:

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[1] Ibid.

[2] D. Cappon, "Attitudes Of and Towards the Dying," The Canadian Medical Association Journal, LXXXVII (Sept., 1962), 693-700.

Extent of Desired Information

	Non-patients	Psych-iatric	Somatic	Dying
If very sick, wants to know:				
a) whether he will die	91%	[illegible]	81%	87%
b) when he will die	77%	63%	63%	60%
c) how he will feel on dying	59%	55%	67%	53%
If it were possible to know right now, wants to know:				
a) when he will die	52%	38%	60%	40%
b) what he will feel on dying	40%	40%	60%	47%
c) how he will die	31%	28%	61%	33%

Preferred Mode of Death

Sudden (a day) rather than slow (months)	95%	91%	80%	90%
Sudden, even if younger (under 65), and painful, rather than slow and painless (old age)	71%	49%	60%	47%
Sudden, even if from accident or violence, rather than slow from disease or old age	75%	75%	71%	73%
Painless at all costs rather than painful and quick	41%	46%	71%	37%
Favoring Euthanasia	63%	34%	65%	73%

Index of Narcissism

Willing to give up their lives for a greater good	75%	--	--	57%
Married persons willing to give up their lives for spouse or child whom they liked	81%	30%	50%	62%

Disturbed by Questioning?

Reply when asked:	Yes	16%	40%	12%	7%
	No	84%	60%	88%	93%

We see that the majority, if they were to become very sick, would want to know their prognosis. Moreover, the non-patient subgroup expresses more desire for such information than those who are sick. When confronted with the hypothetical possibility of "having right now," the proportion of those eager for truth diminishes.

We note a striking preference to quick rather than slow death. Those with somatic illnesses (and presumably suffering the most from pain) are most in favor of a death that is "painless at all costs," while the dying patients preferred a "painful and quick" death to "painless and slow." The dying group most favored euthanasia, while the mentally ill favored it least.

The index of narcissism (or selfishness) developed by Cannon shows that severely mentally ill persons are least ready to sacrifice their lives for any cause whatsoever, and that non-patients are much more ready to give up their lives than those who are struggling against illness.

Another variable, the fear of death, is not easily shown in a statistical table. An index of such fear was derived from ten questions in which three sorts of responses were possible: (1) affirmative answers implying an overt or manifest fear of death, e.g., "I am very worried about dying;" (2) negative answers implying a

covert or latent fear of death, e.g., "I never think about dying;" and (3) median answers, taken as normative, e.g., "I rarely think about dying."[1]

Dappon found that the non-patients (who were also most ready to give up their lives for others) showed less fear of death than those with disease (mental or physical). The mentally ill were most expressive of such fear, and the dying were the least expressive.

Certain variables were found to be unrelated. (1) There was found to be no relationship between the willingness to sacrifice one's life and fear of death. (2) There was no relationship between the level of altruism, the extent of information desired, and the preferred mode of death. (3) Those who had no one to love were not different in the extent of information desired from those who did. (4) Age was an insignificant factor.[2]

Dappon's more intensive study of 107 patients dying in a general hospital[3] will be considered in Chapter VIII.

A study by Gerle, Lundin, and Sandblom.--A surgeon, a psychiatrist, and a social worker at the University of Lund published in 1960 the results of a systematic investigation of 101 patients dying from inoperable cancer

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[1]Ibid., 695. [2]Ibid., 696.
[3]G. Dappon, "The Dying," Psychiatric Quarterly, XXXIII (1959), 466-489.

as to psychiatric constitution, reaction, and social conditions during their terminal illness.[1] Almost all of the patients, who were mostly over fifty years of age, died within a year of the examination.

A major concern of the study was the patient's response to the truth. The psychiatrist and social worker were used in a careful preliminary assessment of the patient's condition to gain "as comprehensive an understanding as possible of the patient's personality, his environment, and his relation to it."[2]

Of the 101 patients, 90 were rated by the psychiatrist as to whether or not the surgeon should inform them of their condition. Some were informed and others were not. Their reactions were rated by the following code of symbols:

++ Full emotional balance, appreciation at being informed.

+ Emotional balance and absence of any unfavorable reactions.

+- Initial negative reaction followed by acceptance and composure.

- Initial negative reaction with more or less marked emotional insufficiency.

0 An entirely negative reaction sustained throughout.

Tables showing their results follow:

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[1] C. Gerle, G. Lunden, and F. Sandblom, "The Patient with Inoperable Cancer from the Psychiatric and Social Standpoints, A Study of 101 Cases," Cancer, XIII (Nov., 1960), 1206-1217.

[2] Ibid., 1209.

s to psychiatric examination, treatment, and social conditions during their terminal illness." Almost all of the patients, who were mostly over fifty years of age, had within a year of the examination.

A major concern of the study was the patients' responses to the truth. The questionnaires and social workers were used in a careful preliminary assessment of the patient's condition to gain "a comprehensive as possible attending as possible of the patient's personality, his environment, and his relation to it."[4]

Of the 101 patients, 52 were asked by the interviewers to consider or not the question should inform them of their condition. Some were informed and others were not. Their reactions were noted by the following code of symbols:

++ Full emotional balance, appreciation is being informed.

+ Emotional balance and tendency of any unfavorable consequence.

- Initial emotional upheaval [illegible] by preparation and acceptance.

- Initial negative reaction with more or less marked evidence [illegible].

0 No emotional reactivity [illegible] [illegible].

Studies showing their results follow:

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[4] Martin, E. Lundon, and L. Greenblatt, "The Patient with Incurable Disease (an Exploratory and Comparative Study of 101 Cases," Journal, XXIV (Jan., 1960), [illegible].

Patients' Reactions When Told They Had Cancer

Psychiatrist's Opinion	Informed by Surgeon (38)	++	+	+-	-	0
Veto	0	--	--	--	--	--
Advised against	2	--	2	--	--	--
Doubtful	3	--	1	1	1	--
No objection	23	--	15	5	1	2
Information advised	9	8	--	--	--	1
Not examined	1	1	--	--	--	--
		9	18	6	2	3

Patients Not Informed By Surgeon

Psychiatrist's Opinion	Not Informed (43) Well adapted	Not Informed (43) Badly adapted	Informed Otherwise (20) Well adapted	Informed Otherwise (20) Badly adapted
Veto	10	--	--	1
Advised against	10	--	1	2
Doubtful	3	1	3	--
No objection	10	3	8	--
Information advised	--	--	1	--
Not examined	4	2	4	--
	37	6	17	3

These statistics show that: (1) The patients informed of their condition adapted as well psychologically as those not informed. (2) Of those informed by the surgeon, 70% accepted the news with equanimity, a quarter of them showing appreciation towards the doctor. (3) Of those not informed by the surgeon, a third found out anyway, and no doubt many of those not informed were aware of their condition. (4) The psychiatrist's opinion turned out to be wrong in perhaps as many as 39 cases out of the 90 he examined, if we infer that his recommendations implied

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Yes	16	—	—	2
Advised against	16	—	1	1
Doubtful	7	1	3	—
No objection	10	1	3	—
Information officer	—	—	1	—
Not examined	2	1	—	—
	51	3	17	3

These statistics show that: (1) The patients taken at their condition adopted an well and emotionally as those not in great. (2) of those informed by the surgeon, 94% accepted the news with equanimity, a number of them showing approbation towards the doctor. (3) of those not informed by the surgeon, a third found out anyway, and no [illegible] any of these not informed were aware of their condition. (4) The proportion of a opinion thought not to be strong in perhaps as much as 1/3 came out of the 30 be examined, if we leave out the [illegible] conversations [illegible]

basic adaptability. Seven patients whom he recommended adapted badly, and out of 36 who seemed doubtful or unable to handle the truth, only 4 turned out to be badly adapted. This clearly indicates the difficulty of predicting how people will react.

> To sum up, it may be said that the personality and environment of the individual patient have been shown by the present study to be the factors of decisive importance when considering what to tell the patient with inoperable cancer. There are a small number of patients for whom telling the truth would be an act of needless cruelty. On the other hand, the large number of positive reactions shows that the impact need by no means be an overwhelming shock, and that it may even be of positive value to the patient during the further course of the disease.[1]

It may be of interest to note that of the 90 patients examined psychiatrically, 49 were found to have mental or emotional symptoms of abnormality.

Psychiatric Diagnosis

Depression		10
Manic-depressive psychosis,	2	
Reactive depression,	8	
"Aged" (lowered mental vitality)		6
Senile or arteriosclerotic dementia . . .		3
"Affected by the cancer" (marked fatigue or pain without depression)		26
Organic defection states		3
Encephalitis (Parkinsonism)		1
		49

Thus fewer than ten percent reacted to the cancer with depression.

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[1] Ibid., 1212.

[illegible]

[illegible] ... [illegible]

[illegible] ... [illegible]

[illegible] ... [

A study by Hackett and Wiseman.--In 1961, two psychiatrists, intrigued with the problem of "telling the truth," made an intensive study of sixteen dying patients.[1] They did so because of the surprising experience of working with four patients within a year who, without being depressed or suicidal, wanted to die.

> They felt that death for them was appropriate. They were prepared for it. They correctly predicted it would occur as the result of surgery. They were neither anxious nor depressed. In fact, their preoperative state was so serene that no one else believed they would die. But they did die.[2]

In psychotherapeutic explorations with the sixteen patients chosen for their study, Hackett and Wiseman came to the conclusion that while none of these patients ever alluded directly to dying or his future, "each of them knew that he was dying and that the attempts being made to persuade him otherwise were nothing more than deceptions."[3] They concluded, on the basis of conversations with patients who were informed of their condition, that their willingness not to be spared the worst seems to be shared by nearly all who must die slowly.

They conclude that the unspoken "middle knowledge" of the dying patient remains woefully unexpressed and hidden because he is forced to play a role to protect our feelings. because we are too "thoughtful" (or cowardly)

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[1] T. Hackett and A. Wiseman, op. cit., 81-87.

[2] Ibid., 81. [3] Ibid., 84.

[illegible] unidentified, interrupted the question o "nothing but truth," made an impressive [illegible] of "[illegible] [illegible]." They did so because of her [illegible] [illegible] with four patients within a week [illegible], although [illegible] or [illegible] or multiple, seemed to [illegible].

> They felt that [illegible] impossible. They were responsible for it. [illegible] would occur as they [illegible] of [illegible] their motives nor [illegible]. [illegible] [illegible] [illegible]

to be open with the patient, we force him in his last days to assume the role of an imposter.

> The more he'd like to believe the lies we tell him, the less he can. He sees through them, and without much effort, either. . . The result: Between our flourishing selves and the failing patient, the distance becomes enormous. Our relations with him become strained and artificial.[1]

One is reminded of the words of John Donne:

> I observe the Phisician, with the same diligence, as hee the diseases; I see hee feares, and I feare with him: I overtake him, I overrun him in his feare, and I go the faster, because he makes his pace slow; I feare the more, because he disguises his feare, and I see it with the more sharpnesse, because hee would not have me see it. He knowes that his feare shall not disorder the practise and exercise of his Art, but he knows that my feare may disorder the effect and working of his practise.[2]

A survey by Victor A. Gilbertsen.--At the University of Minnesota Medical Center the policy has been established of always revealing the diagnosis of cancer to the patient. Hackett and Wiseman cite a survey made there by a surgeon to determine how patients felt about this practice.

> Dr. Gilbertsen asked 238 long-term cancer survivors what they thought of this. Only 3.6 per cent said they were opposed to the disclosure; 14.4 per cent were undecided. The remaining 82 per cent were in favor of the patient's being told the truth.[3]

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[1] Ibid., 85

[2] J. Donne, op. cit., 315.

[3] T. Hackett and A. Wiseman, op. cit., 82.

Summary of studies of patients' opinions.--Let us review briefly and compare the results of these studies on the question of whether the dying patient should be told the truth.

Cappon (254 subjects)

Percentage who would want to know prognosis:

91% of non-patients (75)
82% of psychiatric patients (89)
81% of somatically ill patients (60)
67% of dying cancer patients (30)

Garle, Lundan, and Sandblom (101 subjects)

Percentage of patients adapting well was the same in both groups, 86% of those who were informed and 8[illegible]% of those who were not. Seventy per cent of those informed reacted with initial composure.

Gilbertsen (298 subjects)

96.4% of dying cancer patients informed of their prognosis were not opposed

82% were in favor of telling the patient

Therefore, roughly 80% of the 650 subjects represented in these studies would generally want to know of a fatal prognosis. This proportion rises among dying patients who have already been informed; they have already adjusted to their terminal status, and their affirmative attitude reflects approval of the physician's decision to share with them their prognosis.

The Case for Not Telling

In a rebuttal to the article by Hackett and Wiseman, another psychiatrist, Henry A. Davidson, presents the case for not telling.

> No one can prove anything in this Never-Never Land--you have to go by feelings, not by science. But I feel that to tell a patient he's dying is to destroy hope. Some medical purists may argue that fright and depression do not hasten death. But actually they do. . .
>
> True, in not telling the patient we enter into a conspiracy. But in doing so we simply foster one of the illusions necessary to keep people from going into psychotic breaks. Maintenance of illusion is part of living.
>
> It may be that the dying person takes the news in philosophic calm. I don't know, and as nobody returns to tell us, no one knows. But I'd prefer, whether I'm the doctor or the patient, to cherish hope.[1]

The two chief arguments for not telling are that hope should be maintained and harmful reactions avoided. (1) The truth destroys hope. This presupposes that imminent death cannot be faced with hope or courage, and that it is more destructive of morale to face death than to cherish the illusion that one will recover. It overlooks other factors which contribute to morale: close, honest relationships, religious faith, and the self-esteem of facing rather than running from the worst. It presupposes that the patient is able to maintain this illusion in the face of growing weakness and the poor play acting of those about him.

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[1] T. Hackett and A. Wiseman, op. cit., 54.

(2) There is the danger of harmful reactions. Physicians are conscientious men and the experience of seeing patients becoming psychotic is one they would rather avoid. As we have seen in the Swedish study, even a psychiatrist can be quite wrong in predicting the response of the patient. Therefore, it is argued, we should foster the illusions necessary to keep people from going into psychotic breaks. It is best to cautiously assume that every patient is standing on the brink of psychic disintegration.

Those who oppose such caution do not deny that many patients are already suffering from emotional disorders and the weakening effects of illness, and that some patients respond to the eventuality of their own death with fright and even psychosis. But on the other hand, only one-sixth of the patients in the Swedish study were found to be depressed; and the patients informed of their prognosis had no more incidence of poor adaptation than those who remained uninformed. Therefore, contrary to the view that "no one can prove anything," it has been shown by empirical studies that patients are not as fragile, nor the truth so shattering, as some would make them out to be.

The Case for Telling the Truth

(1) Freedom from pretension and the stifling atmosphere of deceitful play-acting stands out in the literature

as the most significant reason for telling the truth. Examples are cited of patients happily relieved from uncertainty and from the strain of pretending.

> One was a woman with a terminal breast cancer. After weeks of apparent serenity, she asked her doctor whether the headaches she'd been having might be due to nerves. The doctor said it might--and then asked her why she was nervous. Her reply: "I've lost ninty pounds in a year. The priest comes to see me twice a week when he hardly came at all before. And my mother-in-law's nicer to me than ever, though I'm meaner than ever to her. Wouldn't you be nervous, too?"
>
> There was a pause. Then the doctor said, "You mean you think you're dying?" She said, "I do." He said, "You are." The smile she gave him actually expressed relief. "Thank God," she said. "Someone's finally told me the truth!"
>
> Another patient learned from his wife that he was soon to die. His physician had advised her not to tell him. Why did she? "Our marriage was a long and happy one, and it was based on honesty. I couldn't have gone against our code even if I'd wanted to; I'm not a good enough actress." Did her husband resent her openness? "I don't believe the thought occurred to him that I had any alternative."[1]

(2) <u>better understanding between physician and patient</u>, as the patient who understands his prognosis can better understand and accept the change which occurs in his program of treatment. He may be sent home without any mention of further treatments, examinations, or surgery, without realizing that the goal of the physician has shifted to that of support and comfort during the terminal phase. He may feel abandoned by the physician. He may my fantasy that the doctor has forgotten him or doesn't

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[1] <u>Ibid</u>.

care, and may turn to other physicians to begin anew the process of diagnosis and treatment. Even some who know their prognosis, of course, will turn to other physicians for better news or to charlatans who capitalize on such anxieties by promising cures. But the ordinary patient who realizes his condition is in a better position to accept the fact that he is no longer treated as a person who will recover, but as one who must accept help in other forms.

(3) Morale is supported by other things than the hope of recovery. Such supportive factors are (a) a more honest atmosphere; (b) the fact that the patient is treated as a human being capable of facing up to reality; (c) the assurance that the physician understands and accepts the patient's condition and will give him both emotional support and drugs to avoid unbearable pain; (d) religious hope; (e) the challenge of "dying well;" (f) the affection of others; (g) the opportunity to discuss practical problems and find emotional catharsis.

(4) The dying person has opportunities to face death as a challenge, as something belonging to him and not to the disease. He is given the challenge of living and dying well, and can invest his energies in putting his affairs in order. The person who lives in half-truth is

[illegible]

[illegible]

[illegible]

required to invest emotional energy in maintaining the illusion and in playing the appropriate role. Resignation to reality in the face of incurable illness does not mean falling into apathy, but rather redefining the terms of the battle to be waged.

This is a keynote of Victor Frankl's logotherapy, in which the therapist and patient search for the meaning in the patient's predicament, no matter how meaningless it may seem on the surface. "Transcendence," writes Frankl, "is the essence of existence."[1]

> Existence is authentic only to the extent to which it points to something that is not itself. Being human cannot be its own meaning. . . Man . . . finds himself only to the extent to which he loses himself in the first place, be it for the sake of something or somebody, for the sake of a cause or a fellow-man, or "for God's sake." . . . Human being fades away unless it commits itself to some freely chosen meaning. . .
>
> Through the right attitude, unavoidable suffering is transmuted into a heroic and victorious achievement. . . . A human being, it is true, is a finite being. However, to the extent to which he understands his finiteness, he also overcomes it.[2]

If the minister and patient are cut off from the possibility of discussing the meaning of the situation, if they must pretend that life will go on forever and that they are not standing on the threshold of spiritual crisis, they will spend their energies in an inane game, a game

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[1]V. Frankl, "Psychiatry and Man's Quest for Meaning," Journal of Religion and Health, I (1962), 100.

[2]Ibid., 100-103.

which is damaging because it is false, and foolish because it is what off from wisdom. In later sections I will refer again to Frankl's approach and its use in the ministry to the dying.

The Art of Speaking the Truth with Love

Most physicians use intuitive judgment in each case to decide whether or not to inform a patient of his condition, rather than having an inflexible policy. They realize that the communication of such information is a matter of wisdom and skill. Those who have written on the subject generally make lists of suggestions. It is my purpose here to summarize these, attempting to reflect the consensus of opinion.

(1) Do no harm. This is a basic axiom of medical ethics. Certainly the policy of always being honest is questionable. Every physician knows that little deceits such as placebos can help people live better, and that truth can be destructive.

(2) Assess the patient's adaptive strength. "The prevalence of psychiatric illness in the dying suggests that if communication with them is to be meaningful, there is need for skillful assessment of their psychiatric status, followed by handling based on this insight."[1]

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[1] D. Zappoo, "The Dying," Psychiatric Quarterly, XXXIII (1959), 473.

[illegible]

(3) Be certain of the diagnosis before informing the patient. In cancer, this means a clear-cut histological diagnosis.

> Before this time, it is desirable to describe in accurate detail the projected progress of treatment in any of several eventualities. . .
>
> The patient may be told, for instance, that a greater or lesser operation will be undertaken, depending upon the result of a biopsy, without specifying what result is anticipated.[1]

Not a few physicians have had the experience of being quite wrong in the diagnosis and prognosis given the patient.

(4) Inform the patient of his prognosis only when he asks for it.

> It is never justified to tell a patient a fact about his dying. . . that he truly does not want to know consciously, even to hear. Even if such neglect leads to hardship on those left behind, it is not justifiable to disturb the tenuous balance of the dying, whom one cannot help, for the sake of the living, who may help themselves.[2]
>
> When a patient looks at me squarely and asks the truth, I tell it.[3]

While some physicians advocate informing most patients of their condition, the majority would seem to advise giving

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[1] R. Shands et. al., "Psychological Mechanisms in Patients with Cancer," Cancer, IV (Nov., 1951), 1170.

[2] M. Capponi, "The Dying," Psychiatric Quarterly, XXXIII (1959), 473.

[3] L. Kohn, "Thoughts on the Care of the Hopelessly Ill," Medical Times, LXXXIX (Nov., 1961), 1170.

information only when it is requested. The patient has a right to the truth, but he also has a right to adapt to reality in his own way.

(5) The truth may be imparted in small doses in the course of the doctor-patient relationship. This gives the patient time to assess his own situation and adapt to the myriad non-verbal cues which tell him that he is now considered a dying man. There is seldom the necessity of imparting "blunt truth." Instead, one may promote "understanding at a deep level of communication below and without the spoken word, with questions unasked and no facts given."[1]

(6) Do not abandon the patient. Those who have carefully assessed the relationship between the physician and the dying patient are aware that at a subtle, often unconscious level, the patient may be abandoned by the doctor.

> The physician has a strong tendency to sever his relationship with the patient because of his medical frustration at being unable to help him, and the excessive demands that may be placed upon his sympathy. Lastly, no one wishes to be reminded of his own mortality.[2]

"Nothing," Meyer writes, "is more effective than arousing in him the belief that you are concerned wholeheartedly and exclusively for his welfare."[3] It is

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[1]L. Kohn, op. cit., 1178.

[2]J. Baker, "Managing the Fatal Illness," Northwest Medicine, LIX (July, 1960), 904.

[3]B. Meyer, op. cit., 350.

reassuring to the patient to realize that he is not rejected by the doctor for not being a good patient and getting well, and that he will be provided with attention, care, and adequate control of pain.

> Appreciation of the dying patient's personality. . . is the foundation of the art of medical practice. . . In the practice of our art it often matters little what medicine is given, but matters much that we give ourselves with our pills.[1]

(7) Know thyself . . . accept reality. Whether one is a physician, minister, or social worker, he needs sensitivity to the feelings of others, common sense in interpersonal relations, and acceptance of all of life, including death. The physician should remind himself that "life is a uniformly fatal disorder,"[2] that he himself and all his patients are destined to die; that all his knowledge and skill can only postpone the inevitable. Unless the physician can develop a view of life sort which can include death, he may express his disappointment by rejecting the dying patient.

Interprofessional Relations

For the hospital chaplain, creating a good working relationship with physicians and nurses requires continual cultivation--through a friendly greeting, knowing

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[1]A. Worcester, The Care of the Aged, the Dying, and the Dead (Springfield: Charles C. Thomas, 1935)

[2]J. Rakke, op. cit., 904.

names, sharing coffee breaks and meal conversations, and sitting in on occasional staff meetings. It means fitting into the hospital schedule, yielding gracefully to occasional interruptions of pastoral conversations, being flexible in all things, and ever perceptive of the emotional condition of those who tend the sick. At its best, it means keeping oneself ready as a pastor for heavy-burdened staff members who need a friend.

A chaplain who seems to help the morale of patients will gradually build a reputation and will be called upon by nurses and doctors to visit their patients. They learn to trust that he will "do no harm" and will approach their patients with understanding.

Not all physicians welcome his presence with trust, partly because of distasteful or disastrous experiences with exploiting or aggressive ministers. Cappon writes:

> In the last instance, one must watch the approach of the clergyman, treading lightly on the shadow of the patient's death. He will be received according to the flickering flame of libido still integrating the ego, according to the motivation in dying, and according to the nature of defense against the final event of death.
>
> One may mend the damage if the clergyman is waved away by the frightened patient, or one may consolidate his strengthening ministration with one's own brand of kindly, human ministration and truths.[1]

After intensive studies of the psychology of dying, this is all that Cappon has to say about clergymen: they are thoughtless, frightening, unkind, and not humane.

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[1]D. Cappon, "The Psychology of Dying," Pastoral Psychology, XII (Feb., 1961), 44.

I have meditated much on Cappon's words. They intrigue me because as a hospital chaplain I defined the essence of my role as providing "kindly human ministration" in an environment where patients felt lonely and afraid and felt that they were being treated not as persons, but as interesting symptoms. I have felt at times, and heard people say that certain doctors were thoughtless, frightening, unkind, and not humane. It is especially damning for the clergyman to be regarded thus, for unlike the healing professions, we have no specific role in the diagnosis and treatment of the sick, no techniques to use with competence. It is not what we do, but what we are that counts. We represent the God who bids us come into communion with him, and we make him known in human relationships.

But in truth, some ministers are thoughtless, reckless, and exploiting. This contributes toward the suspicion and contempt of some physicians towards clergymen in general. Few physicians express such an attitude, but students in clinical pastoral training sense it readily. They come to hospitals feeling like outsiders in a world of trained technologists, men without skills, authority, clear-cut responsibility, or prestige. They visit patients, and visit, and visit, and often begin to wonder why. In the world of the sick, where men and women lie in beds of pain, pastoral students may struggle with the wish that

they could do something--give a pill, an injection, a bottle of blood; discover facts, make a diagnosis, give words of magical reassurance. They may begin to envy doctors and imitate them, or to long for the parish ministry or the more supportive atmosphere of the seminary. Confronted with distressed, anxious, dependent patients, and their own limitations, they may wish to escape to a more pleasant place.

The minister may be seen by some physicians as an intruder who undermines the unique one-to-one relation between physician and patient. This is especially true in psychiatry, where transference is such a crucial factor in treatment, and where the patient may find in the chaplain a person to whom he may express his negative feelings about the doctor. This is fertile ground for the breeding of subtle antagonisms and rivalry, each practitioner seeking, in his own way, to help the patient. Sometimes both seek to win the affection or esteem of the patient, and the patient may exploit such needs in his helpers. The experienced hospital chaplain is sensitive to the type of situation where the most wholesome course of action is to withdraw from the scene, since there is no substitute for good working relations.

The patient "belongs" to his doctor. It is a sacred relationship involving a unique kind of trust on

they could do nonthinking-[illegible], on intuition, a [illegible] Although [illegible] with [illegible] and world of medical management. They may begin to [illegible] and initiate them, or to lose for the [illegible] authority or the more psychotic [illegible] of the [illegible] and their own limitations, they may work to assure to a [illegible].

The solution may be done by some physicians as an intruder the interaction the [illegible] between physician and patient. This is especially true in psychiatry, where transference is such a crucial factor in treatment, and where the patient may find in the clinician a person to whom he may transfer his positive feelings about the doctor. This is feasible primed for the treatment of subtle antagonisms and rivalry, and misunderstanding problem, in his own way, to help the patient. Something both need to [illegible] the attention or answer of the patient, and his patient may exploit such needs in the interview. The experienced hospital chaplain is particular in the type of situation where the most well-trained counsel of medicine is withdrawn from the scene, where there is no constituted [illegible] and [illegible] relations.

The patient "belongs" to his doctor. It is a sacred relationship involving [illegible] of trust or

the part of the patient and a unique responsibility on the part of the physician. The minister is essentially an outsider to this relationship. Some chaplains use a form to notify physicians of their interest in a patient, since it is impractical to be consulting doctors all the time. For instance:

> Dr. _____:
>
> During a pastoral visit, your patient _____ discussed personal concerns with me, and I feel it would be helpful if I continued to visit this patient regularly. I hope you will give me a call if you feel that a conference would be useful.

It is the physician's business, and not the clergyman's, to talk with patients about diagnosis, treatment, and prognosis. The patient may express concern about these matters, and the minister will listen intently, but giving medical information is the physician's work. However, there are situations in which the patient is covertly aware of the nature of his illness and may find it helpful to give expression to this knowledge, either verbally or by subtle cues. It can be profoundly supportive to find that one is accepted and affirmed as a human being, even when known to be dying.

Case Studies

Two case studies illustrate the concerns of this chapter. In the first, a patient with a heart attack and manifestly afraid of dying confesses guilt to a chaplain.

In the second, an aggressive clergyman tries to stimulate repentance in a patient so' so disturbs the patient that an operation must be postponed.

Case study I. Emotional ventilation supported by the chaplain.--The nurses' aide in a general hospital where I was chaplain asked me to visit a bedridden old lady who talked about dying. She was an active member of the Lutheran Church. As I entered her dark sickroom, she seemed anxious and apprehensive. The following conversation is condensed and abbreviated.

Patient: I'm glad you could come, pastor. (Her voice is tight. She is frightened.). . . I feel like I'm dying. . .They won't tell me anything. . .

Chaplain: It seems like you might be dying, but you don't really know.

Patient: No one will even talk with me about it. The doctors won't say a word.

Chaplain: What seems to be your trouble?

Patient: I don't know. It must be my heart. . . I must have had a heart attack. There is so much pain and they have me propped up in bed in this empty room. . . My husband and daughter keep telling me everything's going to be all right, but I can't believe them. . .

Chaplain: You're afraid that you are dying, and you can't believe them when they say it will be all right.

Patient: They aren't telling me the truth. . . I sit here in this room all by myself and imagine the worst. I can't rest at all. I keep wondering. . . Maybe I have cancer. . . Do you think I'm going to die?

Chaplain: I don't know anything about your condition, but it seems like you are imagining the worst.

Patient: My doctor won't tell me anything.

Chaplain: Perhaps he will tell you if you ask him. You should feel free to ask him. (It seemed that she wanted to be told she was going to die.)

Patient: It hurts so. . . I feel so afraid. . . I feel like my heart is breaking.

Chaplain: I want to help you, but perhaps you should rest now and not think about painful things. I could come back later. (I was afraid of precipitating a heart attack.)

Patient: Don't go. . .I feel so alone here. (Long pause. She reaches for my hand.) So much has happened. . . So much.

Chaplain: You feel that your heart is breaking because so much has happened.

Patient: Yes, that's it, pastor. So much. Just last month three of my relatives have died. And my brother. He lived with us for years. He was sick and I have taken care of him for years. He got sick during the last snow storm and was taken to the hospital in an ambulance. He died in the hospital of a heart attack. . . We weren't able to be there when he died. . .

Chaplain: You couldn't be there, and felt bad about it.

Patient: Yes. We wanted to be there, but it was too late. It all happened so fast, and it was snowing.

Chaplain: You feel that you let him down by not being there--that you should have done more for him.

Patient: He was a good man. . . I failed him. . . I did all I could.

Chaplain: You did what you could, but you feel guilty about failing him.

Patient: (Beginning to cry) I couldn't help it. . . I haven't been able to talk with anyone about this. They don't understand how much it hurts. I feel like crying.

Chaplain: You have suffered so much. You needn't hold back your tears. (long pause) I am going now. I'll come see you Sunday morning. (It was Friday.) . . . Do you want me to pray with you?

Patient: Please do.

Chaplain: Almighty God our Father, Creator of Heaven and Earth, thou knowest our needs before we lift them up to thee. Thou understandest us with infinite mercy. . . Have mercy upon us in our grief, for out of the depths we cry unto thee. We have sinned against thee in thought, word, and deed, and yet thou art our Father. Have mercy upon us. Help us to pray, for we would lift up our hearts unto thee, beseeching thee to heal and help us, to forgive the past and strengthen us for the morrow. Grant us to remember that our lives are in thy hands, that whether we live or whether we die, we are the Lord's.

O thou, who showed us what compassion was in Jesus Christ, who came and dwelt among us, who knew all manner of suffering, who wept for the world and knelt in fear and trembling asking that thy will be done--have mercy upon us, that we, too, may weep, and know thy grace, and ask that thy will be done. Abide with us in loneliness, even as those we love abide with thee. Grant us to trust thee fully, and to rest, and to accept whatever comfort or distress may be our lot. Through Jesus Christ, our Lord. (We recited the Lord's Prayer slowly. The patient was weeping softly, and I left.)

Discussion: The visit was brief. I wondered whether her distress might affect her heart, but felt it best to let her talk about what she wanted to. She appeared relieved to express her grief for her brother. I tried to acknowledge her feelings of guilt in the prayer, which is a natural vehicle for recalling the gospel of grace, as well as a way of reiterating and accepting the feelings of the patient.

Mrs. Gaskell: The visit was brief. I wondered whether her distress might affect her health, but felt it best to let her talk about what she wanted to. She appeared relieved to express her grief for her brother. I tried to encourage her feelings of guilt in the "prayer", which is a natural vehicle for recalling the moral of person, as well as a way of reiterating her confession. The feelings of the patient

I later found out that the patient was suffering from an acute coronary attack.

On Sunday morning as I was entering the hospital, a vendor gave me a bouquet of flowers, which I brought to the patient. She seemed overwhelmed that I would bring her flowers. She had told her husband not to bring any because they cost too much. She said she had been crying and felt relieved, and that it had not hurt her heart, but that she felt better. Again I prayed with her and left. Later she told me that my bringing flowers had been the turning point, and that she had cried all day. The next day I visited her again. She now had a room-mate and was chattering cheerfully, quite exuberantly. Later, I served communion to her and her room-mate, and again she said how much the flowers had meant to her. In a few days she returned home to recuperate.

Interpretations, though tentative, are inevitable. The following thoughts occurred to me during and after the interview: (a) The patient's way of describing herself to the nurse and to me as a dying person had overtones of guilt. She talked as if she is not only going to die, but <u>ought</u> to die. (b) Her frankness in talking about dying might have been a plea for understanding ("I am dying, please be kind to me."), or a way of testing the chaplain's reactions before launching into the thing that concerned

her most, her brother's death and her feelings of guilt about it. Any premature words of consolation might have shut off the flow of confession. In being accepted as a guilty person, she felt understood. (c) In the light of this interpretation, her accusation that "they aren't telling me the truth" might be partly a projection of her own feelings of being dishonest. She was primarily concerned not about the doctor but about her own feelings about her brother, which she had kept painfully hidden. (d) The pastoral prayer sought to acknowledge this guilt before a God who is understanding and merciful, and who is the Lord, more powerful than guilt and death. (e) Her private ventilation of feelings continued between visits. (f) By bringing flowers after her lonely outpouring of grief, may have symbolized her being accepted and loved by God in spite of her guilt. In my later administration of the sacrament to her, I attempted to interpret it in this light.

<u>Case study II. Exploitation of anxiety by an aggressive pastor</u>.--I present this case because it represents what appears to the medical profession as the worst sort of pastoral counseling in a crisis situation. The story was written for me by a student nurse. At the time of the incident described, she was trying to loosen herself from an attachment to the "Plain Church." The pastor's visit occurred the day before she was scheduled to have a major kidney operation.

I was sitting in a hospital bed talking to my roommate, who was a student nurse like myself, when I heard a knock on the door.

I was quite shocked and embarrassed because my roommate was in very sexy pink shorty pajamas and I was in slip shorties. Had our visitor been a doctor or a friend, or even another minister, I would not have felt the same.

But the man at the door was straight-laced, and considered himself to be very holy and plain. When he preached, it was hellfire and brimstone. If you wore make-up, jewelry (even a wedding band), had short hair, wore anything attractive, you were a sinner and would go directly to hell.

If he had thought that anyone he "preached at" wore anything to bed besides a flannel nightgown, he would have preached about that, too.

We were even listening to popular music. Many times I had heard his preach about the evil of this.

The first thing he said to me was, "Betty, you had better start to pray until you have a definite experience of justification and sanctification. You know as well as I do that you might not come back alive from the operating room tomorrow. If you die in your condition, you would be sure to go to hell. You have fooled around too long now. You know what sin is and you know you have sinned a lot recently."

I started to think about sin. Yes, I had cut my hair, put on lipstick, was wearing shorties, and listening to the radio. I thought I had better at least try to pray. I hoped it wasn't too late to get out of hell. I could feel myself starting to burn and could smell the flames and imagined hearing the other sinners screaming in pain.

I had heard this preaching so much. Now it became suddenly real to me again. He started praying. The more he prayed, the louder he got and the more fearful I got.

He finally gave up in desperation and said he hoped I wouldn't sleep that night and that the Lord would give me a vision of hell so I would get down to business and pray for my salvation--if it wasn't too late. He left the room. I was shocked and frightened.

In a few minutes when I went out into the hallway to talk with a friend, my room-mate called the health director and a student chaplain. The health director came up to see me and left orders that no outside minister was to see me again.

Soon the student chaplain came and we talked for quite a while about my operation the next day. I finally told him that I was absolutely not going to have any surgery the next day because I knew I would die. After awhile the resident came and told me my operation had been cancelled.

I felt hostile toward the visiting minister. I wanted to do something to get back at him, and felt at the time that the only way to do this was to go out and commit some serious sin. I felt insecure and lonesome, and thought no one loved me. My family was not with me because I had requested that they not know about the operation until it was over.

A few days later, I decided to leave nurse's training and went home. Five weeks later I returned, resolved never to have anything to do with the Plain Church again. But soon I was going back to the same church, because I was looking for something and was afraid of death. I went for three months, until I met a fellow who is an Episcopalian and knew that I had found what I was looking for.

Once, since I left, the minister came looking for me. I told him that I had to choose between a fanatical church and the man I thought I loved. I had given up the church.

He said, "Betty, you are going to get yourself in trouble dating a fellow who is not a Christian. You will end up pregnant, and unmarried. No one can date and remain pure if they are not a Christian." When he said this, I got up, said good-bye, and have not seen him since.

I still feel like recalling. I feel hostile and bitter towards that preacher. I want to have a sincere faith in God and love for the church, but the only time I feel any warmth toward God is when I sit in the chapel with the one I love. Then I feel close to God and have a deep inner satisfaction I never knew before.

Summary

(1) In a culture in which death is regarded as most threatening and unspeakable, it is seldom discussed at the deathbed, and many patients are never told that they are dying.

(2) The physician faces a dilemma. On the one hand the truth may hurt his patient, precipitating hopelessness, depression, or mental illness. On the other hand, not to tell the patient his prognosis fosters an atmosphere of deceit.

(3) In such situations, the patient almost invariably is aware of his terminal condition, although he feels obliged not to talk about it, and must pretend not to know.

(4) Emotional maladaptation, it has been shown, is equally common in both groups of dying patients (those who have been informed of their condition and those who have not).

(5) Of 650 persons involved in three studies, more than 80% say they would want to know their diagnosis in case of fatal illness, and a yet greater proportion of dying patients who knew their prognosis were in favor of such honesty.

(6) Morale is supported by other factors than the hope of recovery: the opportunity to discuss fears, a

supportive environment, religious faith, age strength, the absence of pain, a sense of challenge.

(7) The consensus of medical opinion seems to be that the patient should only be told what he seems to know; that paradoxes should go along with a patient's reluctance to face the truth; and that information, when it is given, need not be presented bluntly but gradually and with tact, communicating the assurance that the patient will continue to receive the doctor's care. In the last analysis, each situation is unique and the style of doctor-patient communication will depend upon the doctor's intuitive capacity and personal characteristics.

(8) It is not the minister's business to present or interpret medical information to the patient, although he may be helpful to the patient in giving encouragement for ventilation of feelings. He is primarily concerned with the patient's existential situation and not his medical condition.

(9) Certain interprofessional problems are discussed: the minister's feeling of being an outsider in the world of the healing professions, the suspicion or scorn of some physicians, the contempt of some clergymen, the temptation to play doctor because of envy of the physician's power and status, and the danger of interfering with the doctor-patient transference.

VIII. DEATHBED EXISTENCE

When a person knows the truth of impending death, life changes. Along with the joys of everyday life, normally we bear the burdens of unkind memories, frustrated longings, and unpleasant circumstances. But there is always hope that the future will be better and that we can mend our ways. On the deathbed, time takes on a new quality, with the vague realization that the future will soon be past.

In many ways the person with a fatal illness must make drastic readjustments to a new existence in which one is cut off from creative life and separated from the world of the living. The social stigma of being a dying person, of having friends embarrassed in one's presence, of receiving get well cards when one knows he will not get well--these bring a strange new awareness of one's alienation.

This new life may be symbolized by being on a bed, not moving about like the living, but confined as few prisoners are. In John Donne's writing, this state is well portrayed:

> When God came to breathe into man the breath of life, he found him flat upon the ground; when he comes to withdraw that breath from him againe, hee prepares him to it, by laying him flat upon his bed. Scarce any prison so close, that affords not the prisoner two, or three steps. . . A sicke bed, is a grave; and all that the patient saies there, is but a varying of his owne Epitaph. . . Miserable and inhumane posture, where I must practise my lying in the grave, by lying still, and not practise my Resurrection, by rising any more.[1]

This chapter is about the "miserable and inhumane posture" of being confined to one's deathbed. We are concerned with problems commonly confronting those whose condition is terminal. The etymology of "terminal" reflects the strange ambiguity of this predicament. It comes from the Latin terminus, meaning a boundary, an end, a limit to what is finite. The terminal is the Endstation, the end of the line. Beyond it is extermination, "being put outside the boundaries," banished from the world of the living. But then, the one who finds himself in the terminal may indeed be going somewhere. We wait, wondering. Terminals are for going away, and for waiting. We cannot determine the time of departure, nor the origin. One thing seems utterly certain: time waits for no man. Another certainty is given to some: the presence of God.

Several distinct problems are prevalent at the deathbed--loneliness, guilt, grief, dependency, expense, and mental illness. Each of these will be discussed separately in the coming sections. This will be followed by a discussion of the "last hours."

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[1] The Complete Poetry and Selected Prose of John Donne and the Complete Poetry of William Blake (New York: Modern Library, Random House, 1941), 311-312.

Loneliness.--The feeling of being cut off from the world and forsaken is the result of not being able to talk honestly with others. The patient is not only cut off from ordinary life by being confined to a sickbed, but by the fearful reality of his situation and the anxiety it induces in others. The patient may tire of well-wishers and people being nice to him. The harsh tone and cruel word are muted; one is protected, encouraged, cared for, and given kindness.

The fact that control of feelings is expected by our culture limits greatly what can be said. Children are usually "protected" from the "truth;" the spouse may be complimented on "holding up well." The patient may feel to blame in all of this, as if he himself had become frightening and unwanted. The loneliness of the dying patient is well described in two cases cited by Hattie Rosenthal.

> A 47 year old woman suffering from cancer of the breast gave vent to her feelings three weeks before she did, by saying: "They [my family] have already given up on me. They have divorced themselves from me. They are even afraid to talk to me. If at least I could say goodbye to them!"
>
> A 51 year old man with a severe coronary thrombosis revealed his feelings in the following dream: "Many people were standing around a big hole in the midst of a patch of green meadow. All were silent. The silence was oppressive to me and I wondered why there was no talking, no hand-shaking. Finally I left in anger and determined never to see them again.[1]

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[1]H. Rosenthal, "Psychotherapy for the Dying," American Journal of Psychotherapy, XI (July, 1957), 628.

Anything that the minister can do to aid the flow of communication is helpful. By counseling with members of the family, the minister may aid them in facing the facts of death and in becoming aware of and dealing with their own feelings. If they are able to face themselves, they may perhaps face the dying person with more equanimity and honesty. The minister may act as a catalyst also for the feelings of the dying person. The patient may reveal his concerns to the minister and, then, having brought them to the surface, later share them with his family. Those who can share their feelings can experience an intense and vital closeness during the last days. They may find that:

> Love is strong as death . . .
> Many waters cannot quench love,
> Neither can the floods drown it.[1]

Guilt.--Our religious tradition has emphasized the Day of Judgment following death. A person, realizing that his time is over and that many of the things he had hoped to do in life are unfulfilled, may think that he could have done much better. He suddenly becomes aware of having wasted his time in meaningless concerns. He recalls the people he has hurt and feels like trying to make restitution for some of the hurt he has caused. If he is the victim of a lifelong pattern of rebellion

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[1]Song of Solomon, 8:6-7 (King James Version)

against the wishes and desires of his parents, he may feel guilty and unworthy to belong to the kingdom of God.

A compassionate and understanding minister can be of real help in freeing him from the burden of guilt. By his own attitudes, the minister reveals to the person either acceptance and concern or rejection and condemnation. People will not share secrets with a rejecting minister. The pastor who has faced his own problems can face the problems of others with empathy. Even a person by simply making himself available will receive from many the confession of sin.

However, the importance of repentance and confession in Christian life has led some clergymen to seek to pressure people into dramatic confessions, repentances, and affirmation of faith, assuming that this is the assurance of entrance to heaven. We saw an example of this and the damage that can be done in the case study presented in Chapter VII.[1]

<u>Grief</u>.--The dying person is about to lose contact with his loved ones and with the whole world. He may respond to this fact with grief and depression. He may ask how God could treat him this way. If the loss of a child or a financial setback can cause depression, how is it when one loses everything? Feelings of grief and

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[1] <u>Supra</u>, 211-213.

anxiety rather than festering within should come to the surface. Sometimes a person begins to mourn for himself and for his loved ones. Such mourning may be realistic if the person is cut off by anxiety or dishonesty from the close relationships to which he is accustomed. His former self may be "dead" to him and others if the threat of death causes him to be forced into different roles, especially that of a dependent person.

Dependency.--The dying person has usually been forced to quit work and be bed-ridden. Rather than caring for his family, he becomes dependent upon them and may be cared for by them. Some people delight in being cared for, but others who have spent a lifetime in responsible independence will resent being cared for by others and worry about being a burden. As a matter of fact, the dying person is a burden on those who care for him--an emotional, financial, and physical burden. Furthermore, he becomes an object of pity. Instead of being given the measure of responsibility he is still able to handle, everything may be turned over to someone else.

In a book by Ann Scott, the author describes her intense feelings at witnessing the terminal illness of her mother.[1] The mother had always been strong and independent, but in her last days became a pathetic and helpless victim of disease.

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[1]A. Scott, Woman With Arthritis (London and New York: Abelard-Schuman, 1957).

> I thought of her valiant effort to maintain her independence. She had to do everything for herself, refusing to let anyone help her get into her nightgown after she had made awkward movements to bathe herself and brush her teeth though it was almost impossible for her to hold the handle of the brush. She could not put her feet into shoes; she had been vain of her once beautiful legs and ankles but now they were monstrously swollen.
>
> The first time I saw her in the hospital, I had thrown myself down beside her in a proxysm of weeping, and she had cried aloud when I touched her body. The nurse insisted that I leave the room, and I went out, knowing that her spirit was broken. She had been waited on, hand and foot, in a mockery of her own past pattern until she was in a despair of frustration and helplessness. With no outlet for her energies, she gave in to the disease and let it conquer her spirit as well as her body.
>
> I saw her lying on her bed in the hospital, pulling at her hands and fingers, saying that the doctor said she would be out of there by spring. She would try to lift her arms and wince at the pain but go on trying nevertheless.[1]

Pain.--The dying person is often the victim of sickness and pain. Limited by physical weakness and distress, one may lose interest in the world. Severe, devastating pain is crippling to the soul. In his book Meet Joe Rose[2] Russell Dicks tells how destructive pain can be to the personality. Dicks himself as a young man suffered tuberculosis of the bone, which meant long months of pain, hospitalization, and surgery.

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[1] Ibid., 150.

[2] R. Dicks, Meet Joe Rose (New York, Nashville: Abingdon Press, 1957).

> Pain--pure, hot, devastating, destructive, unrelenting pain--that thrusts like a rapier into your body and humbles the proud and modest alike. . . The pain had come in wave after wave, day after day, until the evening of the ninth day my morale broke and I cried like a baby.[1]
>
> When you are suffering intense pain, time is different. Ordinarily sixty seconds are a minute, and sixty minutes an hour, and twenty four hours a day and night. Not so when you are in intense pain. Sixty seconds, a minute of severe pain may equal an hour, and an hour marks off days or months of your life. . . Long, intensive pain scars you for life.[2]
>
> Brief pain may be a friend through warning you that you are in danger and should seek medical help or change your way of living, but prolonged pain is rejection by God in the mind of the suffering person who is religious. . . The damage had been done. The soul was already disfigured. Fourteen days of intensive pain and you are marked.[3]
>
> Actually it was almost three years before I regained my confidence so that I could utter a complete sentence about anything. I would block and stutter for lack of words. You see, my self-confidence was so shattered, so beaten.[4]

Expense.--Another miserable aspect of deathbed existence may be expense. The high cost of dying can easily wipe out the savings of a family and create a heavy burden of debt. While medical insurance may alleviate the financial distress, still there are extra expenses not covered by the insurance and these may add up to a formidable total. Weeks or months of medical

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[1] Ibid., 84-86. [2] Ibid., 89. [3] Ibid., 90.

[4] Ibid., 91.

care, hospitalization, laboratory and x-ray tests, special duty nurses, oxygen, blood transfusions, and drugs---all costing thousands of dollars--are spent lengthening the days of a person who may be useless, hopeless, and unhappy.

I recall visiting on Christmas Eve with a man whose wife was dying of cancer in a hospital bed. For weeks he had stood by her side, watching her endure excruciating pain and shrink away. Now she was so sedated by drugs that she could not even talk. The man, tired and haggard from his long vigil, felt deep anger welling up within himself at the thought of the enormous costs of this hospitalization--far more than he could handle. The man cried as he spoke of how wonderful his saintly wife had been. But a few minutes later he blurted out, "Why don't they just let her die! Why does she have to lie there and suffer while I go bankrupt!" One can worry about money the way a hypochondriac worries about his symptoms--to keep from thinking about more vague and threatening things--but the financial problem is often very real, nevertheless.

Mental illness.--And so the dying person may be the victim of loneliness, guilt, grief, fear, unwanted dependency, pain, and financial concern. The more those

pressures mount, the more we see various forms of emergency behavior appearing. The dying sometimes experience feelings and difficulties which could not be predicted in advance. I recall a church deacon who embarrassed and disturbed his relatives by screaming out in hostile profanity during his last days. He was the victim of such intense pain and such an awful feeling of being abandoned by God that he behaved in a way he would ordinarily be ashamed of.

The incidence of mental illness among the dying has been reported in two studies. We have already cited the study of Swedish cancer patients[1] in which the incidence of psychiatric symptomatology was listed. In 1959 Daniel Capron published an intensive psychiatric study of 107 dying patients in a general hospital.[2] Reviewing the psychosocial histories of these patients and their psychiatric condition, Capron inferred that "on the whole these patients died as they had lived, taking their gross problems to the grave. If anything, their malfunctioning was more revealed than ever on the brink of death."[3]

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[1] Supra, 187-190.

[2] D. Capron, "The Dying," The Psychiatric Quarterly, XXXIII (1959), 466-89.

[3] Ibid., 470.

Only 4 of the 107 showed variants of hope, and this was associated with denial, withdrawal, or repression. "Contrary to popular belief, people neither live nor die with hope eternal."[1] Hope, in Cappon's view, was the mental maneuver of the meek and mild. Cappon does not define hope or explain his criteria for determining its presence or absence. If he meant religious hope, it is not surprising to find this small incidence, as it is unlikely patients would speak of this to a raving psychiatrist.

Only three patients manifested fear of death, and this fear was qualitatively indistinguishable from thanatophobia, the unrealistic fear of death shown in mental illness. In eight patients, hostility ran rampant. "Men die with the gall of bitter hatred in their mouths. Even the cheerfulness considered normal was inappropriate in the face of death."[2] Cappon's bias seems obvious here as it is hard to justify such a conclusion or generalization from his findings that 7 out of 107 were very hostile.

Denial was common, Cappon found.

> Denial was the subterfuge of the meek and mild, hoping against hope, ebing out their bleak anomic lives in these penultimate phases they had already

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[1] Ibid., 473. [2] Ibid., 474.

lost the little reason they had for living. Yet they could not look beyond their flickering spirits to stare at the shadow beyond. They spent their last days unthinking, as in most of their lives, and drifted into death with eyes averted, concerned with the immediate, and therefore bodily minutiae.[1]

According to Cappon, his most curious discovery was that a majority of patients wanted to die.

Despite extensive maneuvers, even blatant denials, the majority of the patients studied. . . wanted, passively or actively, to die, or at least not to live. In some . . . this wish was an obvious endeavor, demonstrated by suicidal attempts . . . or by loud protestations that it was time to join the dear dead loved ones.[2]

Generally at first, this realization was culled from between the lines, from oblique references and innuendos, and from trickles of fantasies. Next, a simple narration of a desolate life, with no one else in it, no love, no pet, no interest, and often no possession, suggested that there was nothing but the dregs of libido between survival and vanishing.[3]

Finally, the more direct statement would be made spontaneously. The loose love-ties holding life together dissolved, there remained but the narcissistic investment in the body-self. Now smitten by disease, this tie breaks, and nothing remains.[4]

Cappon witnessed among these patients all the motivations usually associated with suicide--to kill the self, to die with spite, to escape. Those who died unexpectedly were more inclined to want to live. Thus when facing inevitable death, mental energy ebbs and the goal of life changes from living to dying. Negative or destructive trends are revealed more than ever.

Clearly the popular belief that even dying people want to live, is based on the wish of those living vigorously that the dying should do so.[5]

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[1] Ibid., 479. [2] Ibid., 480. [3] Ibid.

[4] Ibid. [5] Ibid.

Cappon summarizes:

(1) Men die as they lived, beset by abnormalities of character and mood. Though the prospect of death gives them a psychological opportunity to live a while calmly beside life instead of passionately in it, the dying forego this advantage. . .

(2) The approach of death is usually overwhelming to the ego. There are no appropriate defenses. There is no appropriate emotion to sustain the experience--hence the dying need more than ever their faulty old defenses for support.

(3) The general psychobiological accompaniment to dying is that communications within and without the dying person are gradually shut off. Mercifully, psychic death precedes somatic death. . .

(4) What might be called the motivational status in dying, bends toward death . . .

(5) Forebodings of death are more prevalent than one would suppose, and depend upon the individual's state of awareness. . .[1]

Very few studies of this sort have been made, therefore I have presented Cappon's intensive study rather fully. It is difficult to assess the accuracy of his observations. He reported very little about his methods of study. He sometimes seems to substitute emotionalism for scientific accuracy, but his work can not be overlooked until there is more available.

The Last Hours

Signs of impending death.--Many persons are never aware that they are dying. The process of death (the "last hours") involves a gradual failure of cellular

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[1] Ibid., 467.

vitality throughout the body. It is often difficult for a physician to predict or determine the exact time of death. One physician, Horder, warns, "I have seen so many experienced observers wrong in their judgments that I am skeptical at this point. . . The greater a man's experience in this matter, the more cautious he is in making a pronouncement."[1]

The face of a dying person is pale, with cold, thin, dry lips. The eyes are sunken, glazed, and half closed. The jaw is dropped. Respiration is hurried and shallow or slow and snoring. The pulse is irregular, unequal, weak, and fast. The skin is cold and clammy, and a drenching sweat usually covers the upper parts of the body as peripheral circulation fails. The arms toss in disorder and the hands wave feebly or fumble with bedclothes. There is a loss of sensation, reflexes, and power of motion, beginning in the legs. Thirst is one of the last cravings of the body.[2]

The body surface may appear to be cold, but the dying usually feel too hot. Their restless tossing may be only their efforts to throw off the bedclothes. They need light covering and are often needlessly blanketed

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[1]L. Horder, "Signs and Symptoms of Impending Death," The Practitioner, CLXI (Aug., 1948), 77.

[2]Cf. A. Worcester, The Care of the Aged, the Dying, and the Dead (Springfield, Ill.: C. C. Thomas, 1935), 38-40; and S. Jellinek, Dying, Apparent-Death, and Resuscitation (Baltimore: Williams & Wilkins Co., 1947), 52.

by unknowing persons. Plenty of fresh air is essential and, for the patient's comfort, it should be kept moving. There should be plenty of light in the room. The dying tend to turn toward the light or complain of growing darkness. As hearing and sight fail, the dying hear only what is distinctly spoken to them, almost in their ears, and they see only what is near. To communicate with the dying one must stand very close to the person's head. The individual on his deathbed may be bothered by indistinguishable sounds and it is inexcusable to whisper or talk about the person within his partial hearing. Many seem to enjoy soothing music.[1]

Some persons die suddenly without warning and without any of the symptoms of impending death. Jellinek cites the case of a forty-five year old woman, who was given a clean bill of health after a hospital treatment for climacteric troubles, who suddenly called out, "I am dying," and fell dead. She had never had heart trouble, and the autopsy showed no anatomic change of any kind.[2]

There are also cases of individuals given up for dead who recover their vitality. One case Jellinek cites is that of a sixteen year old boy suffering from an acute attack of cerebral meningitis. For two days it appeared

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[1]Cf. Worcester, op. cit., 40.

[2]Cf. Jellinek, op. cit., 104-5.

that his end was imminent, and the relatives were making arrangements for the transport of the body. Suddenly he raised his head and began to spit out the mucus which had collected in his respiratory passages; he asked for water, drank greedily, took nourishment without help and began to move his arms and legs. The pale, expressionless face recovered its color: his staring, dilated pupils once again reacted to light and within a few hours most of the signs of failing had left.[1]

The myth of painful death.--During the Middle Ages, dying was often described as a painful and terrifying occasion. St. Thomas More (1478-1535) wrote a treatise on dying which is characteristic of the age. Its underlying thesis is that the departure of the soul from the body is painful, but followed by the joy of spiritual life which is free "from the filthy pleasure of all fleshly delights."[2] Perhaps the medieval dread of hell and lack of sufficient medical knowledge and anesthetics did make dying painful in the Middle Ages.

> What manner dolour and pain, what manner of grievous pangs, what intolerable torment the silly creature feeleth in the dissolution and severance of the soul from the body, never was there body that yet could tell the tale. . . What intolerable torment will death be then to us miserable wretches. . .The fear of hell, the dread of the devil, and the sight of our sins shall pass and exceed the deadly pains of our body.[3]

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[1] Ibid., 53.

[2] T. More, "The Four Last Things: Death, Doom, Pain, and Joy," The Wisdom of Catholicism, ed. by Anton Pegis (New York: Random House, 1949), 499.

[3] Ibid., 509.

With the development of the clinical method in medicine in the nineteenth century, this myth of painful death was gradually found to be false. Sir William Osler became interested in studying death and shared his observations with the public.

> I write . . . to protest against the pictures which are given of the act of dying. "The Tortures of the Last Illness," "The Uselessly Prolonged Torments," "The Unbearable Memories of the Chamber of Pain," "The Pangs of Death," "The Awful Struggle," "The Sharpest Peak of Human Pain, and "Horror." The truth is an immense majority . . . die as they are born--oblivious. A few, very few, suffer severely in the body, fewer still in the mind.[1]
>
> I have careful records of about five hundred death-beds, studied particularly with reference to the modes of death and the sensations of the dying. . . Ninety suffered bodily pain or distress of one sort or another, eleven showed mental apprehension, two positive terror, one expressed spiritual exaltation, one bitter remorse. The great majority gave no sign one way or the other; like their birth, their death was a sleep and a forgetting.[2]

"We speak of dying as the king of terrors, yet how rarely does the act of dying appear to be painful, how rarely do we witness AGONY in the last hours."[3]

The dying person is likely to be groggy and weak, but he has been groggy and weak many times before in life. A physician reports the case of a man who a few moments

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[1]H. Cushing, Life of William Osler (Oxford: Clarendon Press, 1925), II, 299, quoting Osler.

[2]W. Osler, Science and Immortality (Boston: Houghton, Mifflin, 1904), 19.

[3]Cushing, op. cit., I, 294.

before his death is reported to have said, "Die, my dear doctor? That's the last thing I shall do!"[1] He also mentions a bishop who felt that he was dying and asked himself, "How should a bishop be found in the morning being dead?" He decided that the best posture was to lie on his back with his arms crossed over his breast. The good bishop lived to say, "Nothing happened and, my arms getting cold, I put them back under the coverlet and went to sleep."[2]

Some who comment on the mental state of dying persons emphasize the fact that what appears to be unconsciousness may be only apparent. Usually there is a gradual loss of consciousness and of ability to communicate one's thoughts. Long after the patient has become inaudible he may be able to signify assent or dissent by movements of the head or hand. The final loss of communication with the world may occur many hours or only moments before death.[3]

Worcester writes, "Dying is always easy at the last. However great the suffering, there is always an interval of perfect peace, often of ecstasy, before death. . . Indeed this cessation of pain is often a sign of impending death."[4] And there is peace at the last.

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[1]Horder, op. cit., 73. [2]Cf. ibid.

[3]Cf. Worcester, op. cit., 50.

[4]Ibid., 42.

[illegible]

[illegible]

[illegible]

Some experiences of the dying.--Previous generations, fascinated with dying and glimpses of heaven, collected narratives of deathbed scenes. The English physician Crichton-Browne studied the psychic phenomena associated with dying. "As a general rule," he writes, "a twilight deepening into darkness ushers in death. A state somewhat resembling dreaming occurs, and then, through progressive stages of vagueness and confusion, oblivion is reached."[1] Sometimes at the very threshold of death there comes a flash of insight or illumination that makes all things clear. Those who have inhaled an anesthetic often mention what seems to be a brilliant insight and enlargement of view before their plunge into unconsciousness. The attempt to verbalize such thoughts is usually futile, but the confiction may remain that a great discovery was made that could not be put into words.[2]

Crichton-Browne collected many deathbed statements illustrating this flash of insight preceding death. Herder, shortly before his death, said, "Everything now appears to me so clear that I regret not being able to communicate it."[3] The poet William Cowper, who lived a life of gloom and depression, spoke on his deathbed of

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[1]J. Crichton-Browne, "The Lightening Before Death," Stray Leaves from a Physician's Portfolio (London: Hodder and Stoughton, 1927), 59.

[2]Cf. ibid., 60-61. [3]Ibid., 62.

"indescribable joy of unspoken rapture." The poet William Allinghas, while lying peaceful in a kind of trance on the day of his death, roused himself and said, "I am seeing what you know nothing of."[1]

It is not uncommon for the person near death to have visions of loved ones. I recall an aged woman who during a heart attack had a vision of her husband, who had been dead for about a decade. She astounded the bystanders by calling him by name and crying out, "I'm coming, dear, I'm coming." Worcester presents two interesting cases of such visions.

> Once on my hospital visit, I found a patient propped up in bed, smoking a cigarette and reading the morning paper. He seemed to be normally convalescent after an appendectomy a week earlier. As I left his room the nurse stopped me to report that the patient had been talking to some visitor invisible to her, who he said was dressed in white. I went back to ask him about it. "Oh, it was only my sister," he answered casually and went on reading the newspaper. His sister had died previously, yet her presence seemed to him merely a natural fact. A few hours afterwards, without any other warning, his heart suddenly stopped beating.[2]
>
> For nearly a year my uncle had been suffering . . . pernicious anemia. His mind had continued wonderfully clear. No sign had appeared that his death was near. He was apparently wide awake. Suddenly, he half rose from his couch to greet his father who had died many years before. His face was radiant with joy, as he called me to join in the welcome of his visitor.[3]

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[1] Ibid. [2] Ibid., 74. [3] Ibid.

"I am [illegible] by a [illegible] Factory." [illegible] affiliation, while [illegible] preceded by a [illegible] of [illegible] day of this [illegible], [illegible] [illegible] you have [illegible] of.[1]

It is not [illegible] for the [illegible] have [illegible] have violence of [illegible] [illegible]. I [illegible] [illegible] [illegible] forbid a [illegible] [illegible] a violence of [illegible] [illegible] [illegible]

Pastoral care during the last hours.--During his last hours the person is usually so weak, drugged, or comatose that he is beyond contact. He is already dead as far as interaction with other persons is concerned. Many things get in the way of communication--the noise of a hospital ward, oxygen tents, machines, bottles, tubes, and interruptions by nurses. Even if the minister speaks in a clear, loud voice, the patient may not understand. Yet the minister's care for the dying person is being observed by others who are in need of faith. The tone of voice and the silent gesture symbolize God's affectionate care. As communication becomes increasingly difficult, the minister communicates more through nonverbal means.

Those from liturgical traditions have the advantage of formal last rites, which are meaningful to some patients. The dying person is anointed, prayers are said, the Holy Communion is given, and the sign of the cross is made. The use of candles, cross, and stole symbolize God's presence to those who are accustomed to associating worship with such symbolism.

The minister's adaptivity is challenged during the last hours as he seeks to perceive how he may be most helpful. If a patient is sick or weak, several brief

visits are better than one long one. The minister's presence and quiet concern may be helpful to the patient and his family, even though the dying person can say little or nothing. No matter how comatose the dying person is, it does no harm to pray aloud or silently with him, or to recite scriptures. Even if a patient gets nothing from this, it may help his family. If the patient is communicative, he may wish to confess something or express grief, resentment, bitterness, despair, or pain. He may wish to join with the minister in the Twenty-third Psalm, the Lord's Prayer, and informal prayers.

Very rarely a person who appears to be almost dead will arouse himself from his stupor to speak about his concerns. Jellinek mentions the case of a fifty-five year old man dying from tuberculosis, who asked one day for the last sacrament to be administered to him. In the evening he began to fail, and at midnight was in ultimis. At one o'clock in the morning, the man suddenly awoke and asked to speak to the doctor. He was afraid that he would not be able to partake of salvation. He told how his conscience tortured him and how he was tormented by remorse. The man stammered out, "First assistant to the Viennese executioner. . . I assisted at four executions." Dr. Jellinek writes that he was able to remove the man's profound apprehension by saying to him, "You need feel

no remorse, you only fulfilled your duty in helping to carry out the sentence. . . Responsibility before God is borne by the Kaiser, not by you."[1]

He also mentions the case of another man, forty-eight years old, suffering from cancer, who had been exhausted for days and was still further depressed as a result of morphine. At two o'clock in the morning, he awoke and expressed emphatic desire to speak to his children. "Without a sign of emotion, he told them that he was dying, that he had no pain or fear. He just wanted to bid them adieu and tell them always to follow their mother's advice. . . An hour later the man passed away."[2]

The ministry to the family.--The bystanders may seem to be a nuisance to the doctors, nurses, and ministers who serve the dying person. But they suffer, often more than the person on the sickbed. The minister has a rare opportunity to be of help to these people when they need help most. On occasion relatives make life miserable for the dying person. Leak writes,

> When all sorts of lost or forgotten relatives begin to assemble about the patient's bed, eagerly looking for pickings before life is extinct, patients sense that the end is not far off and few are deceived by the affection displayed; a feeling of helplessness or weariness overcomes them and they give up the struggle.[3]

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[1]Jellinek, op. cit., 112. [2]Ibid., 111.

[3]W. Leak, "The Care of the Dying," The Practitioner, CLXI (Aug., 1948), 82.

St. Thomas More wrote:

> Then shall come thy children, and cry for their parts; then shall come thy sweet wife, and where in thine health happy she spake thee not one sweet word in six weeks, now shall she call thee sweet husband and weep with such work and ask thee what shall she have. . .[1]

Leak tells of one patient who made a most unexpected recovery. Afterwards she told him why. One of her daughters had come bringing a shroud and telling her, "You'll be wanting this very soon, Mother." This so infuriated the old lady that she decided to get better so she could cut the daughter out of her will.[2]

Perhaps one of the strongest reasons for these last visits by relatives is the sense of an unfulfilled relationship--a regret about what might have been. Fairbanks points out that one thing commonly seen in those facing death is a desire to increase interpersonal relationships. "As one faces death, he will want to see his close friends and relatives <u>more often</u>."[3]

The family members face their loss more vividly than the patient and are often bewildered. Any counseling with them should be away from the bedside. The minister may help them speak of their concerns by raising questions: "How do you feel about this whole thing? . . . Does the

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[1]More, <u>op. cit</u>., 509. [2]Leak, <u>op. cit</u>., 39.

[3]R. Fairbanks, "Ministering to the Dying," <u>The Journal of Pastoral Care</u>, II (Fall, 1948), 9.

situation look hopeful to you?' . . . "It must be difficult to imagine that this is really happening." . . ."You look tired. This has been quite an ordeal for you." Such expressions of concern indicate the minister's willingness to listen. Those who watch and wait often welcome the opportunity to gain relief by talking. Compliments for "holding up well," or for being brave or strong seem patently unreal to those who are suffering. It is as if the minister were saying, "Please do not burden me with your problems. I will not understand them if you do. Please put up a good front so that you will not arouse anxiety in me."

When death occurs, a prayer commending the person to God, expressing thanks for his life, and asking for comfort and strength in the days to come can be helpful. Expression of grief may be gently encouraged. If the family has not yet made funeral arrangements, they must choose an undertaker immediately. In the hospital, visitors are asked to leave the sickroom so that nurses can prepare the body for the undertaker. Embalmers are eager to begin work on the body as soon as possible after death; often this is begun within an hour after death.

If the vigil of the family has been long, they may be eager to leave the scene and return to their home. First aid for the bereaved should include considerable support

from the pastor and encouragement to accept the pain of bereavement. The bereaved need to talk about their sorrow and their loss. They may have feelings of guilt or hostility. They may wish to blame doctors and nurses for mistreatment, or they may blame themselves for not having done everything that they could do to keep the person alive. Such accusations should be accepted for what they are--a discharge of tension--and need not be countered. The responsibility for helping the bereaved deal with their feelings is uniquely pastoral.

Summary

A person's response to the awareness of approaching death is dependent upon lifelong patterns of thought and feeling. People best prepare for death by learning to live. Deathbed existence may mean inactivity, loneliness, increased awareness of guilt, feelings of grief, unwanted dependency, and the burden of expenses. The dying person needs not only strengthening of faith, but a friend who can share his concerns with understanding. He may need someone to lean on, and the deathbed ministry may involve a more dependent relationship than is otherwise healthy in counseling. By helping the person air his feelings, the deathbed ministry can not only reduce physical pain and tension, but help the person become more aware of God's sustaining help.

Despite the traditional idea of "death agony," the last hours are rarely painful or difficult. As the dying person loses sensory contact with the world, non-verbal communication is used increasingly.

Ministry to the family is important. Both before and after the death, they may find help through the opportunity for catharsis, clarification, acceptance of feelings, assurance of God's care and forgiveness, and reduction of tension. Emotional first aid for the family at the time of death may help them cope with their feelings.

The following chapter will present some theological and philosophical approaches to death, as a basis for a consideration of the deathbed ministry in the concluding part of the dissertation.

IX. FINITUDE, PHILOSOPHY, AND FAITH

An analysis of the deathbed ministry requires not only thought about the psychology of the dying person, but also an understanding of the ministry itself. It requires that we give attention to the ways finitude is interpreted philosophically and theologically, the calling of the pastor, his role as a man of God, and the pastoral dialogue as a form of creative interaction and communication between persons.

This chapter is concerned with interpretations of finitude. Three approaches in particular are presented: those which find their orientation in pleasure (Epicureanism), in duty (Stoicism), and in God (Christian faith). There are many Christian approaches, but the one to be presented is that of Paul Tillich, whose approach, I believe, is proving especially useful in the realm of pastoral care.

Human thought and motivation is so complex and varied, as we have seen, that some would question whether a philosophical approach is useful in understanding the ways men face death. I believe that it is. It is true that most people seem to live the unexamined life, without

giving much articulation to their views. And yet they have views, and they integrate their lives around meanings which have been expressed historically in schools of philosophical and religious thought. People have ideas about what gives meaning and purpose to life, and even those who avoid thinking about life and death do so because of notions they have acquired about life and death.

Pre-rational Factors in Philosophy

Some persons simply accept the views of their parents or their culture and apply their vitalities to other pursuits rather than meditating upon the meaning of existence. Others find it necessary, because of the impact of personal experiences, to modify the views they learned as children. Others revel against parents and society, and adopt contrary views under the guise of a supposed freedom.

Temperament may influence one's views. Some persons are sensitive and thoughtful, others robust and forever cheerful, others unstable in mood. Some are forever on the move, and others prefer to sit and think.

Values also have a pre-rational quality. Beneath the level of an articulated philosophy, every man possesses a hierarchy of values, patterned in conformity with his

[illegible] drives and interests. Following the thinking of Eduard Spranger, who classified these into six predominant patterns, American psychologists have devised the Study of Values, a scale for measuring the relative interests in personality.[1] The person is asked to choose between variables involving value choices, i.e. "Would you consider it more important for your child to receive training in (a) religion, or (b) athletics?" With this test, not only can an individual's pattern of values be seen, but he can be compared with statistical norms for men and women.

The six competing value systems are: (1) the theoretical (the intellectual thinking man, who seeks to observe and reason and to systematize his knowledge); (2) the economic (the man who is interested in what is useful, and who turns to the affairs of business in pursuit of wealth); (3) the aesthetic (the man who values form and harmony, and who sees life as a succession of enjoyed events); (4) the social (the man of altruistic philanthropy, who values others as ends in themselves); (5) the political (the man interested in power, influence, and renown); and (6) the religious (the man who seeks

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[1] G. Allport, P. Vernon, and J. Lindzey, Study of Values, Manual, third edition (Boston: Houghton, Mifflin, 1960).

vertical unity, comprehends the universe as a whole, and relates himself to its embracing totality).

After the test is scored, a profile of values is put on a graph. Groups, as well as individuals, have been studied by this test. It is found, for instance, that ministers and theological students tend to score very high in religious values, rather high in social values, less than the average man in political values, and low on economic and theoretical values.

The implications of such differences in value patterns are worth contemplating. Imagine a deeply religious person making a pastoral call on a businessman whose life is integrated around the love of money. The man sees financial success as the end of life. If he is a church-goer, he may quote texts he has read on how to get rich with God's help. Each values his own concerns and looks at life through different lenses. The businessman may regard the minister as impractical, and the minister may feel that the businessman is shallow, even if he is a conscientious person. If the prophets and saints are right in believing the love of God and man is all-important, then the average man (as reflected in the Study of Values) is dead wrong. The statistical "average man" values religion but alongside of other values. Religion, for him, is a good thing like other good things. The deeply religious

person finds supreme value in it. The man who values money or power or aesthetic pleasure or theoretical knowledge or even the service of man more than God is, in religious language, an idolator.

> Do not love the world or the things in the world. If anyone loves the world, love for the Father is not in him. For all that is in the world, the lust of the flesh and the lust of the eyes and the pride of life, is not of the Father but is of the world. And the world passes away, and the lust of it; but he who does the will of God abides forever.[1]

All of this points to a level of personal reality beneath the surface of conscious philosophy. Death finds its meaning for the individual not so much in philosophy as in a whole complex network of memories and relationships. Yet it may be useful to elucidate the philosophies men have developed to rationalize and give structure to their existence.

The Denial of Death

It is not surprising that the frantic denial of death's reality implicit in much of American culture should be expressed in religious cults. In Philadelphia at the headquarters of Father Divine, I talked with his followers about their faith and their way of life. They are simple people who believe in the protective power of a man who claims to be God. By following his rules (avoiding sex, installment buying, and independent thought

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[1] I John 1:15-17.

and actual and by constant strengthening of their faith in Father's power through group worship, they believe that they can, like Father, literally live forever. Other men who do not share this faith are doomed to die. But they will not, unless they forsake their faith.

Christian Science denies the reality of death for other reasons. Since God is good and all-powerful, the things we call evil, such as sickness, pain, and death, must be illusions of the mind misinformed by Satan. The secret of abundant life is to banish evil thoughts from the mind and fill it with thoughts of the prevailing good-ness and care of God. The orthodox Christian approach, which finds a place to the ultimate meaning of life in the suffering of Christ, is thought to be enlightened because of its assumption that God has something to do with sin and death.

Some who do not articulate such denial of death nevertheless live their lives as if death were not real. There is only life, and death is not worth contemplating. It is overlooked. It is better to fill the mind with the concerns of the living and with entertainment.

Yet another approach to death which is basically a form of denial is the idea that it is something to be fought, an enemy to be conquered. If one has enough

science or enough faith, death will not triumph. It will go away. The scientist and the physician play crucial roles in this struggle, and for some people, the faith-healer, who through the prayers of the faithful and his own spiritual influence keeps death away. In an activistic society like our own, we must do something in the shadow of death. It is unthinkable to assume the Japanese attitude of passivity and resignation, shrug the shoulders and say, "It cannot be helped!"

The Pleasure-oriented Philosophy

Some live for pleasure. When the bell tolls, they eat, drink, and are merry. Epicurus wrote:

> The beginning and root of all good is the pleasure of the stomach; even wisdom and culture must be referred to this.[1]
>
> I know not how I can conceive the good, if I withdraw the pleasures of taste, and withdraw the pleasures of love, and withdraw the pleasure of hearing, and withdraw the pleasurable emotions caused by beautiful form.[2]

If one regards seriously the impact of television, advertising, and the entertainment industry on the American mind, then Epicureanism is the best publicized view of life in America today. One is to seek pleasure and avoid pain. The purpose of life is pleasure, fulfillment, adjustment, status, and possessions. One is answerable ultimately to one's hungers.

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[1] Epicurus, "Fragments," trans. by F. Matheson, The Stoic and Epicurean Philosophers, ed. W. Oates (New York: Random House, 1940), 50.

[2] Ibid., 45.

volumes of strong verse, [illegible] to go away. The scientist was the [illegible] roles in this message, and for over [illegible] Hawker, who [illegible] the powers of the [illegible] and [illegible] own spiritual influence [illegible]. In a relative [illegible] society like our own, we must do [illegible] to the shadow of death. It is [illegible] to assume the [illegible] attitude of passivity and resignation, where the [illegible] and say, "It cannot be helped."

[illegible] live for pleasure. Even the evil [illegible], they eat, drink, and are merry. Solomon wrote:

> The beginning and root of all evil is the [illegible] of the economy, even wisdom and culture must be referred to this.[1]
>
> I know not how I can describe the good, if I [illegible] with me the pleasures of books, and [illegible] the pleasures of love, and withdraw the pleasures of hearing, and whatever the pleasurable emotions [illegible] by beautiful form.[2]

If one regards religiously the lessons of [illegible] on the Christian mind, then [illegible] is the best [illegible] view of life is [illegible]. One is to seek pleasure and avoid pain. The purpose of life is pleasure, fulfillment, enjoyment, action, and [illegible]. One is answerable ultimately to one's [illegible].

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[1] Solomon, "Ecclesiastes," [illegible] by [illegible], [illegible], ed. [illegible], [illegible] (New York: [illegible], [illegible]), [illegible].

[2] [illegible]

He enjoys life while he can (perhaps frantically, before the Bomb falls) and then, when the good life is gone, he seeks to die as comfortably as possible, preferably drugged. Youth is glorified in this cult. We pretend that old age, with its reminder of human finitude, does not exist. We ask the aged to pretend they are not old.

Sex symbolizes this view. In the screen version of Hemingway's The Sun Also Rises, the most pathetic and somber moment comes when a physician informs his patient that because of a war injury his sexuality is impaired. The film goes on to point out how grim and meaningless life is without sex. Better to be killed as a hero than to bear the martyrdom of the sexless.

Consistent Epicureanism offers only three approaches to death. Either one can deny it, or simply accept it with nonchalance, as one accepts the fact that an evening of pleasure is finished, or make a last attempt to drink in the world before the lights go out.

If the hedonist meditates upon death, he may find consolation in simply accepting it, and may rationalize, as did Montaigne, that death is simply an inevitable part of this world's order, about which we can do nothing.

> Nature compels us to it. Depart (saith she) out of this world, even as you came into it. The same way you came from death to life, returne without passion or amazement, from life to death: your death is but a peece (sic) of the world's order, and but a parcel of the world's life.[1]

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[1]Montaigne, The Essayes of Michael Lord of Montaigne, trans. J. Florio (London: J. M. Dent and Sons, 1928), I, 87.

the bomb falls) and then, when the good life is gone, he seems to die as comfortably as possible, preferably surrounded. Jason is glorified in this unit. He produced that old age, with its remainder of human flutters, from not exist. He was the seed to prevent they are not all.

Sex exploitation this view. In the screen version of Hemingway's The Sun Also Rises, the most entertaining sooner moment comes when a physician informs his wounded that because of a war injury his sexuality is lessened. The film goes on to point out how pain and neurotic-ness is without sex. Better to be killed as a hero than to bear the martyrdom of the sexless.

Children seem always differ only from oppressed to death. Either one can deny it, or simply accept it with nonchalance, as one accepts the fact that an evening of pleasure is finished, or make a last attempt to drink in the world before the lights go out.

If the mechanist meditates upon death, he may find consolation in simply accepting it, and may rationalize, as did Montaigne, that death is simply an inevitable part of this world's order, about which we can do nothing.

Nature commits us to it. Doubt (faith and) not at this round, even as you came into it. The same way you came into this world to life, returns without question or amazement, from life to death. Your death is but a piece (pie) of the world's order, and but a portion of the world's life.[1]

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[1]Montaigne, The Essays of Michel Seigneur de Montaigne, trans. J. M. Cohen (London: Penguin Books, 1958), p. 87.

> You are dead after life: but during life, you are still dying: and death doth more rudely touch the dying than the dead. . . If you have profited by life, you have also beene fed thereby; depart, then, satisfied.[1]

Life is compared to a good meal, after which one lies down to sleep. And if, perchance, life had little to offer, then there is little lost.

> If you have not knowne how to make use of it: if it were unprofitable to you, what need you care to have lost it? To what end would you enjoy it longer?[2]

Another version of this doctrine is offered by Freud in his essay "On Transience," written in the shadow of World War I.[3] He tells of taking a walk in the countryside with friends who were depressed by the thought that all the beauty before them would vanish when the winter came, like human beauty.

> I did dispute the pessimistic poet's view that the transience of what is beautiful involves any loss in its worth.
>
> On the contrary, an increase! . . . Limitation in the possibility of an enjoyment raises the value of the enjoyment. It was incomprehensible, I declared, that the thought of the transience of beauty would interfere with our joy in it. . .
>
> The beauty of the human form and face vanish forever in the course of our own lives, but their evanescence only lends them a fresh charm. A flower that blossoms only for a single night does not seem to us on that account less lovely.[4]

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[1] Ibid. [2] Ibid.

[3] S. Freud, "On Transience," Collected Papers, ed. by J. Strachey (New York: Basic Books, Inc., 1959), V, 79-82.

[4] Ibid., 80.

[illegible]

[illegible]

[illegible]

The Epicurean seeking pleasure must conform to nature or be frustrated. Since death is an inevitable part of nature, it is wisdom to overlook death and live pleasantly. Epicurus writes:

> Death, the most terrifying of ills, is nothing to us, since so long as we exist death is not with us; but when death comes, then we do not exist. It does not concern then either the living or the dead. . .
>
> The wise man neither seeks to escape life nor fears the cessation of life. . . Just as with food he does not seek simply the larger share and nothing else, but rather the most pleasant, so he seeks to enjoy not the longest period of time, but the most pleasant.[1]

It is a wisdom of the flesh, a calculus of pain and pleasure.

> We must not violate nature, but obey her; and we shall obey her if we fulfil the necessary desires . . . but sternly reject the harmful.[2]

Thus the wise man, through careful calculation, is the master of life and not its victim. His enjoyment of it is carefully blended with contempt.

> When it is time for us to go, spitting contempt on life and on those who here vainly cling to it, we will leave life crying aloud in a glorious triumph-song that we have lived well.[3]

The Epicurean is advised not to flee death but to embrace it and accept it as part of life. Not to do so would be to hide from it, and inadvertantly increase the anxiety of finitude. One of the most moving modern examples of this attitude is told by Lael Wertenbaker in Death of a Man.[4] Her husband, a man of honesty, enjoys

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[1]Epicurus, op. cit., 31. [2]Ibid., 41.

[3]Ibid., 42. [4]L. Wertenbaker, op. cit.

The Dionysian meaning pleasure, then becomes a matter of by functions. Since food is an inevitable part of nature, it is wisdom to consider food and drunkenness. Dionysus [illegible]

Bowsh, the most terrible, of land, is reading, or and, whose on long, to on which [illegible] out when death comes. Does it [illegible] end. It does not concern them longer the [illegible] on the dead. . .

The wise man endeavor [illegible] to [illegible] life and from the consideration of life. . . Just as [illegible] not seek simply the longer [illegible] of [illegible], but rather the good [illegible], so we ought to seek not the longest period of time, but the most pleasant.[1]

It is a wisdom of the flesh, a reversion of [illegible] and pleasure.

We must not violence nature, but [illegible] and so shall obey her if we fulfill the necessary desires . . . but sparingly regard the unnecessary.[2]

Thus the wise man, Epicurus certainly [illegible], is the master of life and not its victim. His enjoyment of life is carefully directed with control.

Now it is time for us to [illegible] considered or life and on those who have [illegible] to it, we will leave life origin [illegible] in a glorious triumph-song that we have lived well.

The Epicurean is advised not to flee [illegible] but to embrace it and accept it as part of life. Not to do so would be to [illegible] from it, and [illegible] the anarchy of fatalism. One of the most [illegible] examples of this attitude is [illegible] by Jean Jacques Rousseau in [illegible] of a [illegible].[4] Her husband, a man of [illegible],

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[1]Epicurus, op. cit., [illegible].

[2]Ibid., [illegible]. [illegible], op. cit.

life and tries to face it with courage. When he is stricken with cancer, his wife decides against the arguments of the surgeon and tells him. The alternative is to live in deceit, to make a mockery of his convictions, and to rob him of his death. Together they calculate how much "good time" is left before the ravages of disease so enfeeble him that he is no longer master of his own life. They agree that they will try to make the very most of their numbered days together, and rent a house on the Mediterranean. They further agree that he will face whatever pain comes, and that when, with the help of drugs, he can no longer have more happiness than distress, they will both participate in his suicide. As his final gift of love to her, he will die; and she, as her final act of devotion, will help him. After months of life together, enriched by the awareness of the end, he swims out into the sea to drown, but cannot bring himself to it. Not much later, the time has come to end it all.

> On the 7th, by the fire, he said. . . "I'm only staying alive to see your face." It had to be that night, if it was to be his way, and we both knew it. . . I brought his Rolls razor freshly stropped, and he detached the blade.
>
> I couldn't watch when he cut, or as he went in again--when the flow into the red casseroles, on which he rested his wrists so that the blood wouldn't spill on the bed and the floor, slowed and stopped--though I had to hold him up then. Then the cancer seemed to rouse and fight him, as if evil were fighting for its own life, which would die with his. I started pumping morphine into him, cutting my fingers a little on the glass tubes I was breaking as fast as I could

life and bribe to face it with courage. Even by the
anguish with cancer, his wife decides against the urgent
wants of the surgeon and tells him. She selfishly is
to live in doubt, to make a mockery of his sacrifices,
and to rob him of his death. Together they calculate how
much "good time" is left before the arrival of disease to
embezzle him that he is no longer master of his own life.
They agree that they will try to spend the very best of
their measured days together, and read a letter on the
mediterranean. They further agree that he will, like
whatever pain comes, and that when, with the help of drugs,
he can no longer have more benefits than burdens, they
will both participate in his suicide. In his final gift
of love to her, he will offer her, as her first act
of devotion, will help him. After months of life together,
enclosed by the embrace of the sea, he swims out into
the sea to drown, but cannot bring himself to it. Not
much later, the time has come to end it all.

> on the 7th, by the time, he said. . . "I'm only
> staying alive to see your face." It had to be
> that night. If it was to be his day, and he knew
> it. . . I brought his dolls from the
> attic, and he examined the blade.
>
> I sounds's arms were as one, or as one cell in
> marine--when the flow like the red corpuscles, so
> which he rested his wrists on that the clock
> would't avail or the bed and the floor, slowed
> and stopped--though I had to hold him a time.
> When the sponge passed to those and first aid,
> it will were flicking for the one life, where
> would die with me. I started pouring morphine
> into him, nothing by dropper a little on the
> glass tubes I was breathing as fast as I could

so that our blood mingled for an instant, symbol of all love. He was afraid of crying out and waking the children and I begged him to pass out and promised him he would die whatever I had to do and he said "Quick, a towel, I'm losing control," and I got a towel between his legs. I said, "I love you I love you please die," and he said that one first phrase too and went into the final struggle to die and did.[1]

The Duty-oriented Philosophy

The name of Epicurus is tarnished by the image of gluttonous Roman banquets and the aspect of cowardice. It seems to epitomize weakness, especially moral weakness, in contrast to the haughty grandeur of Stoic philosophy.

The Stoics preferred to show contempt for pleasure. To enjoy is to be involved in this world, to be seduced into losing control of oneself.

> Stoicism was an aspiration toward unmovedness based on a fear of emotion; it was "imperturbability" based upon a persistent and fundamental perturbation--fear of being perturbed. . .
>
> The self-controlled, self-respecting self, proud of its equanimity, free from fear, inflexible in its judgments of value, enjoying instant by instant the rulership of its "ruling faculty"--this self must also be free from any attachments whose severance could disturb its peace. . . But a life afraid of its own impulses is something less than life, and something less than free.[2]

not pleasure, but moral goodness is the purpose of life. "One thing here is worth a great deal, to pass thy life in truth and justice, with a benevolent disposition even to liars and unjust men."[3]

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[1] Ibid., 147.

[2] W. Hocking, The Meaning of Immortality in Human Experience (New York: Harper and Bros., 1957), 126-27.

[3] M. Aurelius, "The Meditations of Marcus Aurelius," trans. G. Long, The Stoic and Epicurean Philosophers, ed. by W. Oates (New York: Random House, 1940), 533.

Man's dignity and grandeur consists in rising by an act of will above nature and living nobly. Yet his consolation in the face of death is that it is natural.

> Everything which belongs to the body is a dream, and what belongs to the soul is a dream and a vapour, and life is a warfare and stranger's sojourn, and after-fame is oblivion. . .
>
> If there is no harm to the elements themselves in each continually changing into another, why should a man have any apprehension about the change and dissolution of all the elements. For it is according to nature, and nothing is evil which is according to nature.[1]

The Stoic sought indifference by reminding himself how worthless life really was.

> Always observe how ephemeral and worthless human beings are, and what was yesterday a little mucus tomorrow will be a mummy or ashes. Pass then through this little space of time conformably to nature, and end thy journey in content, just as an olive falls off when it is ripe, blessing nature who produced it, and thanking the tree on which it grew.[2]
>
> Do not despise death, but be well content with it, since this, too, is one of those things which nature wills. . .[3]
>
> This, then, is consistent with the character of a reflecting man, to be neither careless nor impatient nor contemptuous with respect to death, but to wait for it as one of the operations of nature.[4]
>
> As thou now waitest for the time when the child shall come out of thy wife's womb, so be ready for the time when thy soul shall fall out of this envelope.[5]

A basic feature of Stoicism is the vanity and pride of "the reflecting man." Control of his emotions

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[1] Ibid., 501. [2] Ibid., 515. [3] Ibid., 554.

[4] Ibid. [5] Ibid.

Ono's ability to produce novels is linked by

an end of all story makes and sitting among.

consolation. In the face of death does it [illegible].

[illegible] which belongs to the body in a [illegible], and
[illegible] opinion to the soul is a dream and a vision,
but life is a warfare and sojourner's solution, and
after-fame is oblivion. . .

If there is no harm to the elements transgressors in
such sentimental [illegible] tuba-[illegible], why should a
man care any [illegible] about the damage and disso-
lution of all the elements. For it is according to
nature, and nothing is evil which is according to
nature.[1]

The Otsio sought indifference by [illegible] a [illegible] but

worthless life really was.

[illegible] are, and what was [illegible] a little [illegible]
[illegible] with a [illegible] or [illegible]. [illegible] through
this little space of time [illegible] to [illegible],
[illegible] [illegible] [illegible]
our main life [illegible], [illegible] [illegible],
and [illegible] the [illegible] [illegible].

So not [illegible] [illegible], but be well content with it,
[illegible] [illegible], [illegible], in one of these [illegible] [illegible]
[illegible]. . .

[illegible], then, is consistent with the [illegible] of a
[illegible] man, to be [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible],
by [illegible] for [illegible] of the [illegible] of [illegible].[2]

As [illegible] now [illegible] for the time when the [illegible]
[illegible] one of my wife's [illegible], so be [illegible] for the time
[illegible] my soul [illegible] [illegible] of this [illegible].

A [illegible] feature of [illegible] is his [illegible]
[illegible] of "the [illegible] man." [illegible] of his [illegible]

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[1] [illegible], 301. [2] [illegible], 316.

and behavior, ultimately for egocentric reasons, becomes the end of life. Nowhere is this better expressed than in Epictetus.

> Such will I show myself to you--faithful, self-respecting, noble, free from tumult. "Do you mean free from death and old age and disease?" No, but as one who dies like a god, and who bears illness like a god. These are my possessions, these my faculties. . . I will show you the sinews of a philosopher. . . Will to achieve that fails not, will to avoid that falls not into evil, impulse to act appropriately, strenuous purpose.[1]

How can such a striving man, eager by his will to place himself on the level of the gods, find any contentment or peace of mind in this life?

> There is but one way to peace of mind, to give up what is beyond your control, to count nothing your own, to surrender everything to heaven and fortune, to leave everything to be managed by those to whom Zeus has given control, and to devote yourself to one object only, that which is your own. . .[2]

This is precisely the philosophy of the prayer of Alcoholics Anonymous. "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

> I am content with the things over which I have authority. These I must make as beautiful as possible; the rest must be as their master wills.[3]

Thus, since the master wills death, and writes it into the laws of nature, we give ourselves up to it.

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[1] Epictetus, "Discourses," trans. P. Matheson, The Stoic and Epicurean Philosophers, ed. by W. Oates (New York: Random House, 1940), 296.

[2] Ibid., 428-29. [3] Ibid., 449.

> It is not death or pain which is a fearful thing, but the fear of pain or death. . . not death, but s shameful death, is to be feared. We ought then to turn our confidence towards death, and our caution towards the fear of death: what we really do is just the contrary. . .
>
> What is death? A bogy. Turn it round and see what it is: you see it does not bite. The stuff of the body was bound to be parted from the airy element, either now or hereafter, as it existed apart from it before. Why then are you vexed if they are parted now?[1]
>
> "What then if I fall ill?"
> You shall bear illness well.
>
> "Who shall tend me?"
> God, and your friends.
>
> "I shall lie on a hard bed."
> But you can do it like a man.
>
> "What is the end of illness?"
> Nothing worse than death. Will you realize once and for all that it is not death that is the source of all man's evils, and of a mean and cowardly spirit, but rather the fear of death? Against this fear, then, I would have you discipline yourself.[2]

Victor Frankl and other modern existentialist psychiatrists are essentially Stoics. They find orientation not in the fixations of the past (as did Freud) but in the position a man takes toward his future. Frankl developed his approach to patients (logotherapy) while a prisoner in concentration camps. In this extreme situation, prisoners would falter without a reason to stay alive, and responsibility became the clue to survival. "He who has a <u>why</u> to live for can bear almost

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[1] <u>Ibid</u>., 282. [2] <u>Ibid</u>., 296.

Victor Frankl and other modern existentialist psychiatrists are essentially Stoics. They find salvation not in the fluctuations of the pool (as did Freud) but in the position a man takes toward his future. Frankl developed his approach to patients (logotherapy) while a prisoner in concentration camps. In this extreme situation, prisoners would deliver almost a reason to stay alive, and responsibility became the crux to survival. "He who has a why to live for can bear almost

any *how*," wrote Nietzsche, and this is one of Frankl's favorite slogans.[1] He tells of a speech to inmates in which he encouraged them to grasp on to their hope and dignity.

> Then I spoke of the many opportunities of giving life a meaning. . . Human life, under any circumstances, never ceases to have a meaning, and that this infinite meaning of life includes suffering and dying, privation and death. . . They must not lose hope but should keep their courage in the certainty that the hopelessness of our struggle did not detract from its dignity and its meaning.
>
> I said that someone looks down on each of us in difficult hours--a friend, a wife, somebody alive or dead, or a God--and he would not expect us to disappoint him. He would hope to find us suffering proudly--not miserably--knowing how to die.[2]

The meaning of life about which Frankl talks is not some abstraction to be learned from a catechism but a concrete individual reality given by life. The logotherapist does not give the patient a meaning for life, but assists him in looking for it. It may be hidden from view, but it is there, and one is responsible to this meaning:

> Man is responsible throughout every moment of his life--for what he will make of the next hour, for how he will shape the next day. . .
>
> For ultimately, man should not ask himself, "What is the meaning of my life?" but should, instead, realize that it is not up to him to question--it is he who *is* questioned, questioned by life: it is he who has to answer, by answering for life. His role is to respond--to be responsible.[3]

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[1]V. Frankl, *From Death-camp to Existentialism* (Boston: Beacon Press, 1951), 105.

[2]*Ibid*., 83. [3]*Ibid*., 107.

In the shadow of death, it may seem strange to speak of meaning, unless suffering takes on positive meaning. If it does, "life has a meaning to the last breath."[1]

> We have not only the possibility of making life meaningful by creating and loving, but also by suffering: by the way and manner in which we face our fate, in which we take our sufferings upon ourselves.
>
> The aims of psychotherapy have been to increase the capacity to work and the capacity to enjoy life. Medical ministry of course is concerned with more than that: with the capacity to suffer![2]

The Philosophical Theology of Paul Tillich

Paul Tillich translates ancient Christian truth into modern existentialist metaphor. Contemporary thinkers in many fields listen to him because he seems to understand their ways of thinking and to present Christian insights in a way that they find illuminating. He is the theologian of the pastoral care movement because of his understanding of the psychotherapeutic process and his ability to talk of our faith in a way that seems directly relevant to the spiritual struggles of those we seek to help. Some who have become disquieted by the feeling that traditional theological categories fail to clarify their pastoral work find Tillich's approach revitalizing. His method of correlation, in which theology seeks to answer the questions arising out of human existence, is a method of dialogue rather than monologue.

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[1]Ibid, 105. [2]Ibid.

The existential view of Christian truth.--Tillich shares with the existentialist movement the conviction that there are things in this world that cannot be comprehended by technical time-and-space oriented rationality. Precisely the most significant experiences cannot be grasped by logical, mechanistic thinking. In our age, we are taught by natural science to be skeptical if not indifferent to the deeper, more personal side of life. In the tradition of British empiricism, we are told that truth is to be found by observing, gathering, and correlating facts. The mind engaged in such pursuit is an outside observer, seeking distance and perspective from these facts. This mind even observes itself and other minds, always as an objective outsider; and it reduces the mentality it observes to a series of facts ultimately derived from non-mind (biological drives, cultural forces, complexes of the unconscious, and electrical impulses).

But human beings possess a broader spectrum of rationality than the technical reason elevated to supremacy by science. Just as there are minerals which appear dull under ordinary light but vividly florescent when exposed to ultraviolet rays, so there are aspects of truth which are overlooked by those who are not open to the spiritual dimension.

Existential philosophers and psychologists have joined theologians in their concern for the realm of the spirit--feeling, depth, involvement, historicity, and personal concern. Such spiritual experience may be communicated by metaphor, myth, and symbols, and subtle processes of nonverbal communication, through a deep and empathetic process of mutual revelation. It cannot be known in cool detachment, but only through warm participation. It cannot be abstracted into spatial symbols (and most symbols are ultimately spatial) without distortion. It must retain its personal element and not become frozen into theory (even as Christianity must not forget that God's supreme revelation was manifest in a person and is communicated through persons). Its sense of time is not measured by clocks; its sense of space is unfathomable. Its best interpreters are not statisticians but seers and prophets, dramatists and poets. Technical reason is a menace to human life if it is regarded as absolute.

> Controlling knowledge claims control of every level of reality. Life, spirit, personality, community, meanings, values, even one's ultimate concern, should be treated in terms of detachment, analysis, calculation, technical use. . .
>
> The public mind is so impregnated with its methodological demands and its astonishing results that every cognitive attempt in which reception and union are presupposed encounters utter distrust. A consequence of this attitude is a rapid decay of spiritual (not only of the spiritual) life, an estrangement from nature and, most of all, a dealing with human beings as with things.[1]

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[1] P. Tillich, Systematic Theology, I (Chicago: University of Chicago Press, 1959), 99.

[illegible]

[illegible] Radio [illegible] [illegible] [illegible]

> That which can be known only by participation and union, that which is the object of receiving knowledge, is disregarded. Man actually has become what controlling knowledge considers him to be, a thing among things, a cog in the dominating machine of production and consumption, a dehumanized object of tyranny or a normalized object of public communications. Cognitive dehumanization has produced actual dehumanization.[1]

The sources of the existentialist protest in modern times are traced by Tillich back to Pascal, who criticized Cartesian rationalism; to the era of Schelling, Kierkegaard, and Marx, who were antagonistic to the rationalism of Hegel; and in our own generation to Heidegger and Jaspers in Germany. But "its roots are still more ancient, deeply embedded in the pre-Cartesian German tradition of supra-rationalism and Innerlichkeit represented by Boehme."[2]

> In calling men back to "existence," these German thinkers are criticizing the identification of Reality or Being with Reality-as-known, with the object of Reason or thought.
>
> Starting from the traditional distinction between "essence" and "existence," they insist that Reality or Being in its concreteness and fullness is not "essence." It is not the object of cognitive experience, but rather "existence" is Reality as immediately experienced, with the accent on the inner and personal character of man's immediate experience. . . They consequently take their place with all those who have regarded man's "immediate experience" as revealing more completely the nature and traits of Reality than man's cognitive experience.[3]

Why are existentialists so skeptical of knowing things objectively? Why do they all (in spite of many differences) so fervently oppose " the 'rational' system

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[1] Ibid., 99.

[2] P. Tillich, Theology of Culture (New York: Oxford University Press, 1959), 76.

[3] Ibid., 77.

of thought and life developed by Western industrial society and its philosophic representatives"?[1] Tillich replies that the protest is based on the dehumanization of man inherent in modern scientific thought.

> Logical or naturalistic mechanism . . . seemed to destroy individual freedom, personal decision, and organic community; an analytic rationalism . . . saps the vital forces of life and transforms everything, including man himself, into an object of calculation and control; a secularized humanism . . . cuts man off from the creative Source and the ultimate mystery of existence.[2]

"They were aware," Tillich writes, "of the approach of this self-estranged form of life. They tried to resist it in a desperate struggle which drove them often to mental self-destruction and made their utterances extremely aggressive, passionate, paradoxical, fragmentary, revolutionary, prophetic, and ecstatic."[3] "God," cried Nietzsche, "is dead!"

> We have killed him--you and I!
> We are all his murderers!
> But how have we done it?
> How were we able to drink up the sea? . . .
> What did we do when we loosened this earth from its sun?
> . . . Whither do we move?
> Away from all suns?
> Do we not dash on unceasingly?
> Backwards, sideways, forward, in all directions?
> Is there still an above and below?
> Do we not stray, as through infinite nothingness?
> Does not empty space breathe upon us?
> Has it not become colder?

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[1] Ibid., 105. [2] Ibid., 106. [3] Ibid.

> Does not the night come on, continually darker and darker? . . .
> God is dead!
> God remains dead! . . .
> How shall we console ourselves? . . .
> What are these churches now, if they are not the tombs and monuments of God?[1]

Many persons seem unable to imagine that people ever really took God seriously. Existentialists of religious persuasion see the situation differently; God is not dead, but eclipsed by the technical earth-bound mentality of modern man. Tillich views this situation as an opportunity to clarify the true nature of faith, as contrasted with empirical knowledge, and to insist that faith has a source and a legitimacy all its own. He does this by rejecting supernaturalism. The content of faith, mediated through symbols and myths and through the experience of communion, is not a package of knowledge about this world or about any other world. It is revelation of the Ground of Being, the ultimate reality in which we live and move and have <u>our</u> Being.

> God does not exist. He is being--itself beyond essence and existence. . . The arguments for the existence of God neither are arguments nor are they proof for the existence of God. They are expressions of the <u>question</u> of God which is implied in human finitude.[2]

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[1] F. Nietzsche, "Joyful Wisdom," cited by D. Roberts, <u>Existentialism and Religious Belief</u> (New York: Oxford University Press, 1957), 182.

[2] P. Tillich, <u>Systematic Theology</u> (Chicago: University of Chicago Press, 1951), I, 205.

What Tillich means in saying that God does not exist is that God does not stand out as one observable object of world alongside of other things. He is not a thing at all. He is no thing, but the underlying reality which is never apprehended and grasped directly by technical, controlling reason. He is encountered existentially, in depth, in an attitude of concern and not detachment. It is not we who grasp God but God who grasps us in religious experience. He is "known" through reception, union, and encounter. This view is reminiscent of the Hebrew tradition, where "knowledge" and "intercourse" were expressed by the same word (yadach).

If this is true of God, it is also true of other religious concepts through which faith is articulated. "Religious objects," Tillich writes, "are not objects among others but . . . are expressions of a quality or dimension of our general experience."[1]

Consequently, Tillich denies the validity of any attempt to render religion respectable by empirical considerations. Religious conceptions are neither disproved nor validated by reference to the facts observed and analyzed by the objective, scientific mind.

> attempts to elaborate a theology as an empirical-inductive or a metaphysical-deductive "science" or as an elaboration of both, have given ample evidence that no such attempt can succeed.[2]

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[1] Ibid., 43. [2] Ibid., 8.

[illegible] Fulton seems to regard [illegible] not [illegible] could by [illegible] does not [illegible] [illegible] object of [illegible] or other [illegible]. [illegible] being [illegible] [illegible], but [illegible] [illegible] [illegible]

Tillich is not anti-scientific, nor anti-intellectual, in his insistence that the empirical observation of reality should be and can be complemented by another and deeper approach. Unlike the philosopher and scientist, the theologian is involved in his object and not detached from it.

> He looks at his object (which transcends the character of being an object) with passion, fear, and love. . . the love which accepts saving, and therefore personal, truth. The basic attitude of the theologian is commitment. . . He is involved--with the whole of his existence. . . The concrete logos which he sees is received through believing commitment and not, like the universal logos at which the philosopher looks, through rational detachment.[1]

Because of the theologian's commitment to the truth at a deeper level, he need not be defensive. Ultimate Being needs no defense. If the security of the philosopher-scientist's position is grounded in the adequacy of his data and of his analysis of the data, the security of the theologian is grounded in his relationship to the Ground of Being.

> Theology is not perturbed by the attack on the Christian message made by technical reason, for these attacks do not reach the level on which religion stands. They may destroy superstitions, but they do not even touch faith.[2]

Religious existentialism as a method of approach to life situations is an attempt to see life directly through participation, without the filter of technical intellect interfering with the immediacy of the encounter.

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[1] Ibid., 23-24. [2] Ibid., 74.

Tillich is not anti-scientific, nor anti-intellectual. In his insistence that the scientific observation of reality should be and can be complemented by meaning and values [illegible], the theologian is involved in the object and [illegible] from it.

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Because of the theologian's commitment to the truth at a deeper level, he need not be defensive. Objective Being needs no defense. If the security of the philosopher-scientist's position is grounded in the adequacy of his data and of his analysis of the data, the security of the theologian is grounded in his responsibility to the ground of Being.

> Theology is not perturbed by the attack on the unfalsifiable assertions made by scientist-theologians. The Church authorities do not resent the level on which religion exists. They may question apologetics, but they do not even doubt faith.[2]

Tillich's existentialism as a method of approach to life discloses is an attempt to see life directly through participation, without the filter of rational intellect interfering with the immediacy of the encounter.

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[1]Ibid., 22-24. [2]Ibid., 74.

It is like the intuitive appreciation of the artist or mystic. The medium of revelation ("the Word") is not simply a thing-in-itself, to be analyzed, but the vehicle of the Spirit, through which one person "speaks" directly with another, out of the depths. The important thing is what happens between and within people (in conversation, sermon, prayer, group life, and sacrament) and not one's opinion of God or some object of religious thought.

Thus our knowledge of God, which proceeds only out of the immediacy of a revelatory situation, is received (and communicated) by the heart and not just the mind. By this, Tillich means "ontological reason," or "depth of reason," or "receiving knowledge." Our mundane categories of thought are hardly adequate for the sharing. They are, at best, symbolic: "outward and visible signs of an inward and spiritual grace." There is no such knowledge without revelation. The knowledge we receive is not something we possess. It possesses us. When we "know" God, we know that we are known by Him. Revelation is "the manifestation of what concerns us ultimately."[1]

> The mystery which is revealed is of ultimate concern to us because it is the ground of our being. . . Revelation, as revelation of the mystery which is our ultimate concern, is invariably revelation for someone in a concrete situation of concern. . . There is no revelation "in general."[2]

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[1] Ibid., 110. [2] Ibid., 110-11.

It is this the intuitive apprehension of the world as [illegible]. The medium of revelation ("the word") is not simply a being-in-itself, to be analyzed, but the [illegible] of the spirit, through which one [illegible] "speaks" directly with another, out of the depths. The important thing is what happens between and within people (in conversation, person, prayer, group life, and encounter) and not [illegible] <u>religion</u> of God or some object of religious thought.

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[1]<u>Ibid.</u>, 110. [2]<u>Ibid.</u>, 110-11.

The method of correlation.--This conception of revelation is basic to Tillich's approach to the sharing of the Christian faith. It is not enough to recite truths, but one must also be aware that saving truth is only received in a revelatory situation. At the rational level, all that the pastor or theologian can do is apply the method of correlation, relating the Christian message to the existential concerns of the listener. Tillich's theology is an answering theology, seeking to answer the real questions asked by man about his existence. Whether the question is the meaning of death, or guilt, or anxiety, or any feature of existence that forces men to raise questions, Tillich believes that the purpose of theology is to help thinkers "understand the Christian message as the answer to the questions implied in their own and every human situation."[1]

> Theology moves back and forth between two poles, the eternal truth of its foundation and the temporal situation in which eternal truth must be received.[2]

This is the method of correlation. Tillich does not mean putting punched cards into a data-processing machine and coming out with patterns of statistical probability. He means that worthwhile theological questions are asked only by those who are troubled by the painful

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[1] Ibid., 8. [2] Ibid., 3.

The method of correlation--this conception of revelation is basic to Tillich's apprehension of the structure of the christian faith. It is not enough to receive truths, but one must also be aware that certain truth is only received in a revelatory situation. At the rational level, all that the pastor or theologian can do is report and systematize. Relating the christian message to the existential concerns of the listener, requires theology to be a responsive theology, seeking to answer the real questions asked by man across his existence. Neither the question in the meaning of death, or guilt, or anxiety, or any feature of existence that forces man to raise questions, Tillich believes that the purpose of theology is to help listeners "understand the situation mankind as the answer to the questions implied in their own and every human situation."[1]

The central truth of the christian faith, the kerygma, is the situation in which several truths must be re-stated.

Only in the method of correlation. Tillich does not give priority [illegible] a [illegible] meaning are coming out with patterns of existential problems. [illegible] are raised only by those who are troubled by the problems

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[1]Ibid., 8. [2]Ibid., 3.

or puzzling reality in which they are immersed, whether they be suffering from illness or from the apparent meaninglessness of their endeavors or by heavy burdens of responsibility. The Christian "answer" is never just a pattern of words, however polished or orthodox, but is rather an answer given "out of the depths" of the minister and received "in depth" by the listener, an answer which is never mere words.

> The method of correlation [is] a way of uniting message and situation. It tries to correlate the question implied in the situation with the answers implied in the message. . . It correlates questions and answers, situation and message, human existence and divine manifestation.[1]

"Human existence" is the question. "Divine manifestation" is the answer. Both are living realities, primarily experienced and only secondarily talked about. The "answer" to any question, which is God himself, manifests itself through the concrete realities of the revelatory situation. Thus the most learned theologian might speak correct words to a person's question without effect, and a fool may be a means of revelation. As a matter of fact, some current artistic productions may have a kind of revelatory impact by honestly holding before us a vivid portrayal of the finitude, moral ambiguity, inhumanity, and emptiness of modern life. If these art forms do

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[1] Ibid., 8.

not give answers, they at least do not seek to hide behind the happy veneer of superficial entertainment, but to raise the question of our existence. Tillich would have the Church be no less bold in grappling with the real existential problems of contemporary life, without escaping from the confrontation by superficiality or by the doctrinaire certainty which seems so hollow to those who suffer deeply. Only the faith which itself has grown out of participation in human misery is adequately prepared to become the vehicle of revelation for the miserable.

> Only those who have experienced the tragic ambiguities of our historical existence and have totally questioned the meaning of existence can understand what the symbol of the Kingdom of God means.[1]

This is part of Tillich's genius. People from many disciplines will listen to him because he is willing to listen to them. The Word of God is not an otherworldly message from another planet, to be decoded by the theologian; rather, it is the Word of the God who enters the human situation in revelation.

> Revelatory events always have been described as shaking, transforming, demanding, significant in an ultimate way. They derive from divine sources, from the power of that which is holy and which therefore has an unconditional claim on us. Only that mystery which is of ultimate concern for us appears in revelation.[2]

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[1] Ibid., 63. [2] Ibid., 110.

It is important for us to understand the meaning of revelation, for revelation itself--and not some new extra-scientific facts about the soul or heaven--is the answer to the problem posed by the question of death.

The existential predicament.--When Tillich speaks of man's existence, he speaks of the "existential predicament" of "estrangement" instead of saying that one is "lost" or "a sinner." It means the same thing. And when he tells of the condition of one who through revelation and faith has been restored to a state of grace, he calls it "the new being," more often than he calls it "salvation." He knows how offensive words like "being saved" or "converted" seem to the secular mind, so he avoids traditional language. Yet upon careful analysis, one sees that Tillich is talking about: (a) Adam's original state; (b) Adam's temptation and fall; (c) Adam's banishment from the state of grace and further degradation; (d) the saving events at the heart of the Biblical message; (e) the healing of the guilty estrangement through the reception of revelation in faith; (f) the consequences of salvation in life.

Each in its own idiom, the Hebrew-Christian and existentialist traditions have described what it means

It is important for us to understand the meaning of revelation, for revelation itself--and some new extra-scientific force could the real or presumed--is the answer to the problem posed by the inevitable death.

[illegible]

source of man's existence, he speaks of the "religious-tial revelation" of "a transcendent" toward of saying that one is "lost" or "a sinner." It means one has sinned. And then he tells of the condition of one who through revelation and faith has been restored to a state of grace. He calls it "the new being," more often than he calls it "salvation." He knows how ordinary words like "being saved" or "converted" seem to the secular mind, so he invents technical language. Yet upon careful analysis, one sees that Tillich is talking about: (a) Adam's original state; (b) Adam's separation and fall; (c) man's banishment from the sphere of grace and further degradation; (d) the saving wrath at the hand of the Biblical messiah; (e) the creating of the public encouragement through the freedom of revelation in faith; (f) the consequences of salvation in life.

What if he had told the Pentecostalists and extraordinary traditions were literally what it means

to be living in damnation. They are in remarkable agreement. It is only when one turns to the question of salvation that major differences occur. Sartre says there is "No Exit," no hope of salvation, and that man had better reconcile himself to life in a world without God. Tillich and others affirm the reality of healing powers. at work in the human situation of finitude, guilt, and doubt.

(1) Finitude and ontological anxiety. Man is limited in many ways. He is determined by historical events, by biological inheritance and the experiences of the past. He is limited in space and time; he dies.

> There cannot be a happy ending--and precisely this is the truth about our lives. . . We shall die, we--our personality, from which we cannot separate our body as an accidental part--shall be buried.[1]

The experience of lack or loss of power is ontological anxiety which is intrinsic in creation and which is not removed by psychotherapy or salvation. Since he is created by God, man is finite. There is no way to escape this consequence except to hide from the Creator, or attempt to do away with the Creator and pretend that he does not exist. Ontological anxiety was experienced by Christ himself in Gethsemane; it is not a consequence of sin or neuroticism, but of being a creature. It may be compounded with the anxiety of guilt and with neurotic features, but if these were all removed, man would still be finite and anxious. Death symbolizes finitude:

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[1] P. Tillich, The Shaking of the Foundations (London: S.C.M. Press, 1949), 166-67.

to be living in darkness. Here we is [illegible] [illegible]-
ment. It is only when one turns to the question of sen-
sation that major differences occur. Living as it does
in "no world," no dream of sensation, and that not in
[illegible] [illegible] [illegible] to life in a [illegible] [illegible] [illegible].
Bilious and [illegible] [illegible] [illegible] of [illegible] [illegible].
It also is the [illegible] of [illegible], [illegible], and
[illegible].

(a) [illegible] and [illegible] [illegible]. [illegible] is
limited in [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible]
[illegible], or [illegible] [illegible] and the [illegible] of
the [illegible]. It is limited in [illegible] and [illegible], [illegible] [illegible].

> [illegible] cannot be a happy [illegible]-and [illegible] [illegible]
> is the [illegible] about our lives. . . [illegible] [illegible]
> [illegible]-[illegible] [illegible], [illegible] [illegible] [illegible] [illegible]
> our [illegible] as [illegible] [illegible]-[illegible] [illegible] [illegible].[1]

The experience of loss or lack of [illegible] is [illegible]-
logical anxiety which is [illegible] in [illegible] and which
is not removed by [illegible] or [illegible]. [illegible] [illegible]
is [illegible] by [illegible], [illegible] is finite. [illegible] is no [illegible] to
[illegible] this [illegible] enough to [illegible] [illegible] the [illegible],
or [illegible] to [illegible] [illegible] [illegible] [illegible] [illegible]
as [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible]
by [illegible] [illegible] [illegible]: it is not a [illegible]
of [illegible] or [illegible], but of [illegible] [illegible]. [illegible] [illegible]
[illegible] [illegible] with the [illegible] of [illegible] and [illegible] [illegible]
[illegible] [illegible], but if [illegible] are all [illegible], [illegible] [illegible]
[illegible] be [illegible] and [illegible]. [illegible] [illegible] [illegible]:

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1. [illegible]
2. [illegible], [illegible], [illegible].

> Death--the absolutely unknown; the darkness in which there is no light at all, and in which even imagination vanishes; that darkness in which all acting and controlling cease, and in which everything we were is finished. . . the real and ultimate object of fear from which all other fears derive their power, that fear that overwhelmed even Christ at Gethsemane.[1]

(2) Freedom and guilty estrangement. Man is free as well as finite, self-transcending as well as limited, responsible as well as being a response. To use a Biblical analogy, Adam is free to transgress, free to test and go beyond his limits. Freedom implies sin, because freedom is the act of the centered self which seeks to expand and reach out towards infinity. Finitude comes into awareness when God or Destiny intervenes and reminds man that he is dust. Adam steals from the tree of knowledge and finds banishment from the Garden of Eden is the consequence of his hubris.

> Man actualizes himself through freedom, but in doing so he surpasses the limits of his finitude; conscious of his freedom, he aspires to infinity, and is tragically rebuked by destiny. This is the basic description of man in estrangement. He is estranged from what he is potentially, from what he ought to be, and from what he could have been if he had accepted the finitude of his freedom. . . This predicament is both guilt (since it comes through freedom) and tragedy (since it is unavoidable).[2]

> We are estranged and we are responsible for that which is at the same time unavoidable. We must accept the fact that we will be guilty as long as we live, and that no one can overcome the bondage to estrangement in his own strength.[3]

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[1] Ibid., 170.

[2] P. Tillich, "What Is Basic in Human Nature?" Pastoral Psychology, XIV (Feb. 1963), 17-18.

[3] P. Tillich, "The Theology of Pastoral Care," Pastoral Psychology, X (Oct., 1959), 23.

(3) Doubt and meaninglessness. This is Tillich's third basic category of human existence. We can never be certain of the truth. Whatever we say, someone will insist that we are completely wrong, and we ourselves cannot help wondering. Especially in the machine age, when man is cut off from communion with the natural world, made an object of control, and subjected to all the dehumanizing and fragmenting influences of modern life, man is aware of the loss of meaning in life. He doubts God, he doubts himself, and he doubts the meaningfulness of life. Doubt means lack of commitment, half-heartedness. It is a basic feature of the contemporary human predicament, like finitude and guilt.

Attempts to escape the predicament.--Since finitude, guilt, and meaninglessness are inescapable, man is allowed the possibilities of either accepting them or hiding from them. Man in estrangement turns away from them, and pretends to be innocent, and in sure possession of the truth. He escapes meaninglessness by plunging into activities. He hides from doubt behind a facade of dogmatic certainty. He seeks to escape guilt behind a mask of virtue, repressing or distorting what he does not like to think about. He lies to himself because he is too anxious to face the truth. He does not want to be reminded of "the final hour when we cease to exist."[1]

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[1]P. Tillich, The Courage To Be (London: Nisbet, 1955), 13.

(c) Study and research necessary. This is particularly
true in matters of human relationships. We may never be
certain of the truth. Believing to be, nevertheless, facts
that we can completely prove, may be dangerous because only
somewhat. Knowledge is the solution one, which can be got
off that connection with the outgoing world, only in matter
of conduct, and moreover social interpretations are
frequently influenced by motive alone, not in terms of the
line of conduct in view. We should not, in doing this,
error, not in doubts the environment of this. Still
some hard or doubtful, half-conclusions. It is a cause
feature of the contemporary human mentality. Still prob-
lems and claims.

Likewise it proves [illegible]
time, quick, and [illegible] for learning. We
is allowed for [illegible] of either accepting
or hiding from them. And it [illegible] from some
them, and needed to be learned, and in [illegible]
of the [illegible]. It [illegible] to learning
into activities. We [illegible] doubt having a [illegible]
of [illegible] to conclude. It seems to empire with having
a kind of [illegible], requesting or difficulty want to [illegible]
not like to [illegible]. It like to [illegible] [illegible]
in the problems to [illegible] the [illegible]. It [illegible] not want to be
remembered of "the final hour [illegible] to [illegible]."

[illegible]. Kimball, The Problem of [illegible] (London: [illegible]
[illegible]), 12.

Tillich attacks the doctrine of immortality (as over against eternal life) and calls it deceitful, superstitious, egocentric, and a detriment to faith. The strength of his criticism is no doubt related to the fact that "for large groups in our time--even within the churches--the function of the ministry is to assure and reassure the continuation of temporal life after death."[1]

> The function of the ministry with regard to the popular belief in the immortality of the soul is to reject it and to replace it by the faith in eternal life above the temporal process. At this point relevance would mean bold and courageous criticism of ego-centered popular superstition; but it would also mean an answer to the question of finitude, the inequality of individual destiny, the meaning of life and the sin of history. . .
>
> To point with inner authority to the eternal is the most relevant function men can perform today.[2]

The concern for immortality, he asserts, is egocentric. The "old Adam" is concerned with perpetuating himself in time and space. Such concern for self-preservation is a natural response to the anxiety of finitude, an effort to save oneself from the "ontological shock" of facing death. A person concerned with his own safety is naturally incurvatus in se, thinking only of himself and not of his neighbor's welfare.

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[1]Tillich, "The Relevance of the Ministry in Our Time," Making the Ministry Relevant, ed. by Hans Hofmann (New York: Charles Scribner's Sons, 1960), 35.

[2]Ibid., underlining mine.

The doctrine of immortality is superstitious. It is neither authentically Christian nor empirically demonstrable, and its proponents, ignoring scientific evidence to the contrary, rely upon the modes of thought associated with superstition in modern times. The theologian as such has no answer to the question of what happens to the soul after death: "There is no theological answer to this question, since the question itself contradicts the human situation."[1] The human situation--finitude--Tillich regards as "given" on the basis of Biblical authority, empirical observation (science), and the "common sense" of our culture. Death is simply death, "the finiteness and transitoriness of every human concern, of every human life, and of every created thing. . . . Finitude . . . becomes a lie when it forgets that it is finite and seeks to veil the picture of death."[2]

> Do not deceive yourself about the seriousness of death--not death in general, not the death of somebody else, but your own death--by nice arguments for the immortality of the soul. The Christian message is more realistic than these arguments. It knows that we, really we, have to die; it is not just a part of us that has to die.[3]

Tillich not only states Biblical truth about human finitude (as Barth, Brunner, and other theologians do):

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[1]P. Tillich, "The Immortality of Man," discussion of Margaret Mead's paper, Pastoral Psychology, VIII (June, 1957), 23.

[2]P. Tillich, The New Being (New York: Charles Scribner's Sons, 1955), 172. Underlining mine.

[3]P. Tillich, The Shaking of the Foundations (London: SCM Press, 1954), 172.

he is also willing to make Christianity worthy of serious consideration by the man of our time who has not accepted the Christian perspective. This "modern man" is a skeptic and will not give ear to a message that strikes him as illusory. Our contemporary "age of analysis" will not tolerate any consummate. In this vein, Harry Stack Sullivan wrote:

> If there might be a hell, one would wish that it be filled with those who fatten at the expense of humanity on selling specious protection to the insecure. This crime is like that of the peddler of narcotic drugs; the sore they "satisfy" the more indomitably great becomes the demand--and the profit.[1]

In a parallel vein, a cartoon shows a man sitting at a desk with two letter baskets marked "Current" and "Hereafter." Modern man has lost the "Hereafter." For the theologian to defend it is not only untrue to the biblical revelation, but an excuse for people not to take him seriously.

> The popular belief in immortality which in the western world has largely replaced the Christian symbol of resurrection is a mixture of courage and escape. It tries to maintain one's self-affirmation even in the face of one's having to die. But it does this by continuing one's finitude, that is one's having to die, infinitely, so that the actual death will never occur. This, however, is an illusion and, logically speaking, a contradiction in terms. It makes endless what, by definition, must come to an end. The "immortality of the soul" is a poor symbol for the courage to be in the face of one's having to die.[2]

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[1]H. Sullivan, "How Sweet Are the Uses of Adversity?" Psychiatry, VI (1943), 227.

[2]P. Tillich, The Courage To Be (London: Nisbet & Co., 1952), 104.

And so, in our journey to "the absolutely unknown--absolute darkness" we are not to be comforted by illusions. The "answer" is not to be found in escapism, tranquilizers, and illusions, but in facing the fact that we are dying, that we are guilty, and that we are in doubt about our own faith and our own lives. The question of salvation is not a question of what will take away these negativities, but of what will give us the courage to face and accept them, and to live in the hope of fulfillment in spite of them. The answer to that question is faith, not a faith that denies the "fearful darkness" but a faith that affirms life in spite of it. This faith as the basis for courage is an aspect of the "new being" in which one participates.

Revelation: miracle and ecstasy.--Revelation is the manifestation of the new being. It is an event, not a body of facts or knowledge superimposed upon the human situation.

> Revelation always is a subjective and an objective event in strict interdependence. Someone is grasped by the manifestation of the mystery; this is the subjective side of the event. Something occurs through which the mystery of revelation grasps someone; this is the objective side. These two sides cannot be separated. . . The mystery appears objectively in terms of what traditionally has been called "miracle." . . . It appears subjectively in terms of what has sometimes been called "ecstasy."[1]

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[1]P. Tillich, Systematic Theology (Chicago: University of Chicago Press, 1951), I, 111.

and so, in our journey to "the ultimate, absolute discovery" we get not to be perplexed by illusions. The "answer" is not to be found in mysteries, supernaturalism, and illusions, but in seeing the fact that we are doubt, that we are nothing, and that to see in doubt exactly our faith and our own lives. The question of motivation is not a question of what will have our actions necessitate, but of what will give us the courage to face and accept them, and to live in the face of fulfillment in spite of them. The answer to that question is faith, not a faith that denies the "natural equivalent" but a faith that affirms life in spite of it. Only faith is the basis for coming to an account of the "how being" in which one participates.

[illegible] the manifestation of the new being. It is an event, not a body of ideas or knowledge attributed upon the human situation.

[illegible] Jesus is a metaphysic and an objective event in actual historical occurrence. Jesus is [illegible] by the manifestation of the Spirit; this is the [illegible] involve also of the event. [illegible] Jesus [illegible] the mystery of manifestation [illegible] in the originating event. Jesus has [illegible] [illegible] . . . But without [illegible] [illegible] . . . It [illegible] [illegible] conditions [illegible] called "mystery."

[illegible]

Tillich is quick to point out that ecstasy is not simply enthusiasm or overexcitement.

> Ecstasy is not negation of reason; it is the state of mind in which reason is beyond itself, that is, beyond its subject-object structure. . . Ecstasy occurs only if the mind is grasped by the mystery, namely by the ground of being and meaning. And conversely, there is no revelation without ecstasy.[1]

In the revelatory event (objective miracle and subjective ecstasy), something new is learned.

> It reveals something valid about the relation between the mystery of being and ourselves. Ecstasy is the form in which that which concerns us unconditionally manifests itself within the whole of our psychological conditions. It appears through them. But it cannot be derived from them.[2]

Revelation involves emotion, but "feeling is no nearer to the mystery of revelation and its ecstatic reception than are the cognitive and ethical functions."[3]

The nature of faith.--Man is healed by faith, his participation in the revelatory act. In The Dynamics of Faith[4] Tillich clarifies what faith is and what it is not.

(1) Faith is ultimate concern. The words of the Bible about loving God "with all your heart, and with all your soul, and with all your might" state this clearly. Faith demands total surrender to the object of ultimate concern.

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[1]Ibid. [2]Ibid., 112. [3]Ibid., 114.

[4]P. Tillich, The Dynamics of Faith (New York: Harper & Bros., 1957).

(2) Faith is a centered act of the total personality.

> Faith as ultimate concern . . . happens in the center of the personal life and includes all its elements. Faith is the most centered act of the human mind. It is not a movement of a special section or a special function of man's total being.[1]

Faith thus participates in all the dynamics of personal life. Just as the centered self is more than rational mind and more than unconscious vitalities, so faith as the most centered act of the personality transcends them both.

> The ecstatic character of faith does not exclude its rational character although it is not identical with it, and it includes nonrational strivings without being identical with them. . . "Ecstasy" means "standing outside of oneself"--without ceasing to be oneself.[2]

Faith is neither irrational emotionality nor arid rationality.

(3) The origin of faith is the experience of the ultimate. Because man has "an element of infinity" he is able "to understand in an immediate personal and central act the meaning of the ultimate, the unconditional, the absolute, the infinite."[3] Why then do not all men have faith? Actually they do, but their faith, because it is free, can become misdirected and fragmented.

The term "ultimate concern" brings together both the objective content of faith (the ultimate) and the

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[1] Ibid., 4. [2] Ibid., 6-7. [3] Ibid., 9.

subjective act of faith through which one believes. Just as "there is no faith without a content toward which it is directed," so also "there is no way of having the content of faith except in the act of faith. All speaking about divine matters which is not done in the state of ultimate concern is meaningless."[1] This is of basic importance in discussing the content of faith with those who are outside the theological circle, because "that which is meant in the act of faith cannot be approached in any other way than through an act of faith."[2] Faith transcends the split between object and subject which characterizes ordinary knowledge. God is experienced to be a Subject, and in the act of knowing God, one experiences himself as being known by God.

(4) Faith is the awareness of the holy, the presence of the divine, experienced as mysterious, fascinating, shaking, consuming.

> Entering the sanctuary means encountering the holy. Here the infinitely removed makes itself near and present, without losing its remoteness.[3]

(5) Faith includes uncertainty, because of its subjective aspect. It involves doubt, risk, and daring courage to accept this doubt.

> Courage as an element of faith is the daring self-affirmation of one's own being in spite of the powers of "non-being" which are the heritage of everything finite.[4]

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[1] Ibid, 10. [2] Ibid., 10-11. [3] Ibid., 14. [4] Ibid., 17.

[illegible]

[illegible]

[illegible]

Ultimacy as ultimacy, of course, is an immediate certainty beyond any doubt. But in speaking of the content of faith, or acting upon it, there is always the possibility that, because of the illusions and idolatries of the mind, we might be wrong. There is a concrete element in all faith, so faith is ultimate risk and ultimate courage, accepting the doubt about itself. "There is no faith without an intrinsic 'in spite of'."[1]

(6) Faith requires a "community of language." Without language, according to Tillich, "there is no act of faith, no religious experience."[2] By this Tillich means that the community of faith has a language--of doctrine, myth, worship, and prayer--for communicating its faith. It needs creeds, content. But if these are raised to the level of ultimacy in an authoritarian way, faith loses its dynamic element of risk and becomes merely surrender. The "Protestant principle" is that these contents of faith, in their particular verbal expression, are not ultimate, but "point to the ultimate which is beyond them all."[3]

(7) Faith is not an act of knowledge which has a low degree of evidence. Tillich calls this the intellectualistic distortion of the meaning of faith.

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[1]Ibid., 21. [2]Ibid., 24. [3]Ibid., 29.

> Faith is more than trust in even the most sacred authority. It is participation in the subject of one's ultimate concern with one's whole being.[1]

Faith is not knowledge of our world (or ourselves as part of the world); these are matters of scientific inquiry. This is why faith has nothing to say about the doctrine of the immortality of the soul, or the geography of heaven. These (if considered as objects of knowledge possessing higher or lower probability, subject to scientific research or critical inquiry) are not objects of faith. The certitude of faith is not based on formal evidence, but is existential. The whole being of man is involved.

> It belongs to a dimension other than any theoretical judgment. Faith is not belief and it is not knowledge with a low degree of probability. Its certitude is not the certitude of a theoretical judgment.[2]

(8) <u>Faith is not an arbitrary act of the will</u>, believing something by an act of doctrinal submission.

> For instance, someone has doubts about the so-called "immortality of the soul." He realizes that this assertion that the soul continues to live after the death of the body cannot be proved either by evidence or by trustworthy authority. It is a questionable proposition of theoretical character. But there are motives driving people to this assertion. They decide to believe, and make up in this way for lack of evidence. If this belief is called "faith" it is a misnomer.[3]

"No command to believe and no will to believe can create faith."[4] This is called by Tillich the voluntaristic distortion of faith.

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[1]<u>Ibid</u>., 32. [2]<u>Ibid</u>., 35. [3]<u>Ibid</u>., 36. [4]<u>Ibid</u>., 38.

(9) Faith is not merely subjective emotion without a content to be known and a demand to be obeyed. This is the emotionalistic distortion of the meaning of faith, a seemingly safe retreat for those who have lost the battle to define faith as knowledge or will.

> Faith as the state of ultimate concern claims the whole man and cannot be restricted to the subjectivity of pure feeling. It claims truth for its concern and commitment to it. . . If the whole man is grasped, all his functions are grasped.[1]

Faith includes emotion as an aspect of the whole person, but cannot be said to be derived from emotion.

(10) Symbols and myths are the language of faith. "Man's ultimate concern must be expressed symbolically because symbolic language alone is able to express the ultimate."[2] Symbols participate in the reality of that to which they point; they grow out of the deep places of the soul and unlock dimensions of reality which would otherwise be closed. In using religious symbols, Tillich writes,

> We must distinguish between two elements: the element of ultimacy, which is a matter of immediate experience and not symbolic in itself, and the element of concreteness, which is taken from our ordinary experience.[3]

Ultimate concern happens in a personal, historical reality. "Myths are symbols of faith combined in stories about divine-human encounters."[4] Symbols of faith derive

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[1] Ibid., 39. [2] Ibid., 41. [3] Ibid., 46.

[4] Ibid., 49.

their power from the ultimate concern toward which they point. But to take them literally "deprives God of his ultimacy and, religiously speaking, of his majesty. It draws his down to the level of that which is not ultimate, the finite and conditional. . . Faith, if it takes its symbols literally, becomes idolatrous."[1]

(11) One receives faith through hearing the word. Faith is a gift and not an achievement. The message at the heart of Christianity is "that in spite of all forces of separation between God and man this is overcome from the side of God."[2]

> Even the failure of the risk of faith cannot separate the concern of one's daring faith from the ultimate. This is the only absolute certainty of faith which corresponds with the only absolute content of faith, namely, that in relation to the ultimate we are always receiving and never giving.[3]

Faith is mediated through the word spoken through the community of faith to the whole man. With his entire being, with passionate concern, man participates in revelation. But it is entirely God's revelation of himself.

As a philosophical theologian, Tillich writes with critical brilliance, but when he begins to elucidate the positive content of faith, he is less clear. He sometimes seems more concerned with clearing away idolatrous distortions from faith than with clearly

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[1]Ibid., 52. [2]Ibid., 104. [3]Ibid., 105.

stating a positive content. But when we turn to Tillich's sermons, we hear, in haunting starkness, the word of God. And that word is a word of the ultimate power underlying our finite weakness; of the ultimate forgiveness in which our guilty souls may find rest; of the ultimate justice transcending the actual injustices of history; of the ultimate love seeking to heal our estrangement and become manifest in our own lives. It is against the miserable background of our real lives, stripped bare of illusions, that Tillich would have us hear the word of God.

It is the anxiety of life which impels us to listen; it is the power of the divine word which enables us to hear; and to set our hearts at rest. "The word," writes Tillich, "has power, psychic as well as intellectual."[1]

> It has power, and all anxiety springs from lack of power. The word bans chaos, the threat of nonbeing, inside and outside of oneself. The powers of chaos. . . are expressions of the basic anxiety which is the destiny of man; for we are finite beings and at the same time aware of our finitude. . .
>
> But the creative word can keep it in limits and make life possible. He who has the word has power over chaos and therefore over anxiety. He transforms anxiety into fear by making it definite through the word, and fear can be met with courage. . . This is done by the word which introduces order, meaning, definiteness, objectivity into the chaos.[2]

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[1]P. Tillich, "Anxiety-Reducing Agencies in Our Culture," Anxiety, ed. by P. Hoch and J. Zubin (New York: Grune and Stratton, 1950), 17.

[2]Ibid.

(12) The word of faith is the word of love. "One is ultimately concerned," writes Tillich, "only about something to which one essentially belongs and from which one is existentially separated."[1]

> It presupposes the reunion of the separated; the drive toward the reunion of the separated is love. The concern of faith is identical with the desire of love: reunion with that to which one belongs and from which one is estranged.[2]

The creative and redemptive acts of God in the Bible are acts of divine love. Man is reconciled, and participates in new being. He who gave life and sustained it despite our unworthiness is the Lord of History who has all destiny in his hands. And so, in the shadow of death, we can say, "Thou art with me." And with St. Paul we can affirm that nothing in all of God's creation, including even death itself, shall separate us from the love of God in Christ Jesus our Lord.[3] This faith, experienced as communion with the God who emptied himself for us in the incarnation and gave himself up to death, is the hope of resurrection.

> Faith is based on the experience of being grasped by the power of the New Being through which the destructive consequences of estrangement are conquered.[4]

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[1] P. Tillich, The Dynamics of Faith (New York: Harper and Bros., 1957), 112.

[2] Ibid. [3] Romans 8:38-39.

[4] P. Tillich, Systematic Theology (Chicago: University of Chicago Press, 1957), II, 155.

> It is the certainty of one's own victory over the death of existential estrangement which creates the certainty of the Resurrection of the Christ as event and symbol.[1]

Summary and Discussion

The question of finitude is the question of the meaning of life and death, which men have pondered through the ages. An individual's interpretation of the meaning of life and his choice of a philosophical position reflects pre-rational factors in personal experience, temperament, and patterns of value.

Just as many individuals deny the reality of death and give it no place in their thought, so some religious cults are seen to reflect this attitude, denying the existence or importance of death.

Three classical views, each facing and accepting death for different reasons, find expression in the modern world: Epicureanism, Stoicism, and Christian faith.

The Epicurean focuses on finding pleasure in life, accepts death as inevitable, and abhors that fearful gluttony which concerns itself with the quantity of life rather than its quality. He rationalizes that the person who does not know how to enjoy life has nothing to lose in death, and that the wise man seen in transience something which lends added charm to one's enjoyments. He reasons that to hide from death out of fear is to

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[1] Ibid., 155.

become the victim of repressed anxieties which rob life of its pleasure. Therefore he accepts death without wasting feeling upon it, and channels his concerns into living well, i. e., pleasurably.

The Stoic, finding in responsibility and duty his highest good, tends toward an ascetic renunciation of pleasure and involvement in the seductive enjoyment of this world. He seeks to face life and death with self-control, detachment, and resignation, perhaps rationalizing that after all life is essentially worthless. One surrenders to heaven and fate all that is not within one's control, and devotes himself to the honorable pursuit of living and dying like a man.

Christian faith, according to Paul Tillich, sees the meaning of life and death in man's relationship with God, who is known through his revelation and through man's ecstatic acceptance of this revelation in faith. Man is created by God with finite freedom. Finitude inevitably involves anxiety; freedom inevitably involves guilt, as man transgresses his limitations and becomes estranged from God. A third aspect of the human predicament is ignorance, doubt, and meaninglessness.

Man in estrangement seeks to deny his finitude, guilt, and doubt by a posture of immortality, self-righteousness, and certainty; but anxiety remains, and

become the victim of reproached anxieties which rob life of its pleasure. Therefore he accepts death without weighing feeling upon it, and channels his concerns into virtue and; [illegible]

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[illegible] that after all life is essentially worth [illegible]. One surrenders to heaven and take all that is not within one's control, and devotes himself to the honorable pursuit of living and dying like a man.

Christian faith, according to Paul Tillich, sees the meaning of life and death in man's relationship with God, who is known through His revelation and through man's authentic acceptance of this revelation in faith. Man is rescued by God with finite freedom. Finitude inevitably involves anxiety; freedom inevitably involves guilt, as man overcomes his limitations and becomes estranged from God. A third aspect of the human predicament is ignorance, doubt, and meaninglessness.

Man in estrangement seeks to deny his finitude, guilt, and doubt by a posture of immortality, self-righteousness, and certainty; but anxiety remains, and

the unavoidable anxiety of finitude is compounded with that of guilt. This alienation is overcome by God in his self-revelation, in which he presents himself as the God who accepts us in spite of our unworthiness and helps us find the power to be. The New Being through faith has healing power to overcome estrangement, the "sting of death." We receive the courage to accept our finitude, guilt, and doubt, and to live in hope in spite of them, to affirm life in spite of its negativities. Such courage to affirm life through participation in the new being is the basis of our faith in resurrection.

Each of these classical positions faces the reality of death, and in doing so seems healthier than the non-thinking way of life which simply represses the awareness of finitude. There is appeal in the images of the Epicurean regarding life as a dinner party or love affair which must come to a close in order to be a complete experience; or the Stoic battling against nature as if it were a curse, rising above it by will power, and steeling himself to do his duty without flinching. When Freud writes that "a flower that blossoms only for a single night does not seem to us on that account any less lovely,"[1] and when Frankl says that we cannot live for ourselves but rather in response to our calling, they make sense.

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[1] S. Freud, "On Transience," Collected Papers, ed. by J. Strachey (New York: Basic Books, Inc., 1959), V, 80.

However, neither Epicureanism nor Stoicism comes to terms adequately with man's predicament of estrangement. They elevate to ultimacy man's pleasure and man's virtue, and fail, in comparison with Christian faith, to do justice to either man's grandeur or his misery.

Once one has interpreted life in terms of the Christian views of Creator and creation, of sin and salvation, one cannot go back to the simpler notion that man is only responsible to his appetites or that "being good" is within the realm of possibility. Neither view takes seriously enough the tragedy of the human situation of estrangement, nor the impotence of man to heal himself of his anxious egocentricity. The symbols of Christ crucified and resurrected, of the Last Judgment, of the re-creation of the world, of the patient father welcoming the prodigal son, of the New Being conquering and healing the ugly forces of estrangement--these images, once absorbed by the imagination, become the lens through which the world is viewed. Other views, less paradoxical and less mysterious, seem to leave out important aspects of reality.

Tillich's interpretation of finitude commends itself because it does not hide from the frightening and ugly facts of life. He bids us to come to terms with finitude through the courage of participation in the New Being. It is not as if under a chapter on creation

Tillich were to mention finitude, and then go on to speak of better things. He is quite aware that finitude is always with us, that we walk in darkness even when we see the light from afar. Yet "the light shines in darkness, and the darkness has not overcome it."[1]

This acknowledgment by a theologian of the fragmented and ambiguous nature of existence is helpful to the pastor as he walks among troubled souls and participates in human weakness. So much religious literature is idealistic and Pelagian in tone, as if everything will suddenly be all right if we only accept Christ as Savior, or start being good. There is no power in such inducements to believe or to behave. Tillich's acknowledgment of the persistence of human problems is not only more realistic but more true to the witness of the scriptures. How true are his words when he writes:

> The divine Spirit . . . is healing--but fragmentarily, because we live in time and space, and under the conditions of finitude. Therefore, in a particular case, tuberculosis may be healed, but not a neurotic condition of the patient. Or compulsive withdrawal may be healed but perhaps not an arteriosclerotic condition of the heart. Or this also may be healed, but not despair about the commanding character of the moral law and the feeling of meaninglessness about the cultural contents. This also may be healed but perhaps not the doubt about the validity of the religious symbols and the feeling of profound guilt about these doubts. Or this also may be healed but not the total despair about the meaning of history and one's own historical existence. All healing is fragmentary and preliminary.[2]

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[1] John 1:5.

[2] P. Tillich, The Impact of Psychotherapy on Theological Thought, (New York: Academy of Religion and Mental Health, 1960), 11.

At the same time as Tillich acknowledges man's brokenness, he affirms that the Gospel is a message of healing--not a supernatural interference by God with the processes of nature, but the healing power of the New Being. Such an emphasis is urgently needed in an age when the Church is tempted to avoid confronting the baffling issues of life, a time when many people turn away to seek help and meaning elsewhere. The next chapter, which considers the ministry to the dying, is largely informed by Tillich's approach to pastoral care.

X. PASTORAL CARE OF THE DYING

If being an effective minister is one of the most challenging of callings, it is also among the most difficult. At the deathbed, with its stark reminder of human finitude and divine judgment, the pastor faces his most difficult test.

There are no simple rules to follow. There is only finite human nature, and our personal response to other persons as we attempt to share with them the Gospel of God. We never really know <u>what</u> to do, because every situation is unique and unpredictable. The best we can ask is the courage to be ready to enter into every human relationship <u>without</u> knowing just where we are going or what we are doing.

> Do not be anxious how or what you are to answer or what you are to say, for the Holy Spirit will teach you in that very hour what you ought to say.[1]

We can only attempt to formulate the principles of pastoral care, seek insight, and then proceed to minister as best we can.

<u>Basic Principles of Pastoral Care</u>

<u>The ministering community</u>.--While care itself is essentially human, pastoral care is the function of the

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[1]Luke 12:11-12.

Christian Church through its ministry. The pastor comes to the dying patient as a representative of the Church, informed, strengthened, and encouraged by his participation in group life. He comes as a representative not only of God but of a group of men and women. A Christian, according to an old definition, is a member of

> a company of men having the form and seeking the power of godliness, united in order to pray together, to receive the word of exhortation, and to watch over one another in love, that they may help each other to work out their salvation.[1]

In the Protestant tradition, every man is a priest for every other man. While the pastor is specially called to be a servant of the Church, he is no more called to be a servant of God than is any other Christian. The concern of the group for those in special need motivates and strengthens the minister. His prayers are for his fellow Christians, and theirs for his; and they are both strengthened in faith through this relationship. He not only receives grace for his work through communion with his people, but should help his church members find a challenging experience of service in the ministry to the sick, the aged, and the dying. In every parish there are laymen gifted in caring for others, and the pastor who does not help these people find the most creative channel for this talent is wasting one of the richest

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[1] Doctrines and Discipline of the Methodist Church, 1952, (New York: Methodist Publishing House, 1952), 32.

[illegible] Jesus Christ. In [illegible] to his [illegible] product as a representative of his author, [illegible], [illegible] and [illegible] by the [illegible] author in [illegible] life. He [illegible] in a [illegible] and [illegible] of God but of a [illegible] or [illegible] [illegible]. I believe, according to an old definition, in a [illegible] of

> a [illegible] of [illegible] [illegible] [illegible] [illegible] [illegible] of [illegible], nothing is [illegible] of [illegible] [illegible], to [illegible] the [illegible] of [illegible], [illegible] [illegible] another is love, that [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] the [illegible] [illegible], [illegible] [illegible] [illegible] for [illegible] [illegible]. While [illegible] [illegible] [illegible] [illegible] to be a [illegible] of [illegible] [illegible], [illegible] [illegible] [illegible] [illegible] a [illegible] of [illegible] [illegible] in [illegible] [illegible] [illegible]. [illegible] [illegible] of the [illegible], for [illegible] in [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible], [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

resources in his parish, and also keeping these people from the personal growth which comes from ministering.

In 1958, a group of Episcopal laymen in Philadelphia spontaneously organized a seminar on visiting the sick which was conducted at Episcopal Hospital by the chaplain. The men, who visited selected patients and then discussed their experiences together, were enthusiastic, but they were disappointed at the apathy and distrust of parish ministers toward this experiment. They were capable men, and if they were lacking in theological training, they nevertheless showed as much capacity for thoughtful human relations as a typical group of students or ministers in clinical pastoral training.

We have noted the problem of loneliness in the dying, and the importance of providing an opportunity for meaningful human interaction. These people should be visited often, and the pastor's time is limited by the many demands of his parish. There is no reason why the minister, as pastoral director of his parish, should not find among his laymen talented helpers in his work.

The dying person often feels cut off from the human community, even forsaken by God. It makes a difference to know that one is remembered and prayed for

by his fellow Christians, and visited by them. Surrounded by the concern and support of the Church, every Christian is encouraged to live and die as a witness to the power of God. It makes a difference to realize that he is strengthening their faith as they minister to him in his need, that he is not at all cut off from the living, but rather standing on the front line where fortitude is most required. It is possible that through Christian sharing dying can be ennobled and dignified, enhanced with grandeur even as one participates in human misery.

This communal nature of pastoral care is a basic problem in the specialized hospital chaplaincy, where the minister is cut off from the everyday give-and-take of the parish community. He is freed to do the work which he regards most important and is enriched by the many opportunities to be with people in deepest need, but he is also in danger of becoming an isolated specialist, substituting counseling skill for spirit, and carrying heavy burdens in loneliness.

The Holy Spirit experienced by the New Testament community was not bestowed upon individuals in isolation, except insofar as it was creative of the fellowship. The Church was the product of that Spirit, as well as the means through which individuals participated in it. "Being in the Spirit" meant being in love and fellowship

with God and with one's fellow man, and there was no artificial distinction between spiritual and social experience, as if spirit were only an individual matter or a talent of mystical specialists.

The source of pastoral care is God.--The minister embodies the care and concern of God for his creatures. His principal concern is to be the channel of God's grace, and in this work he uses his understanding, his counseling skills, his intelligence, and all his gifts. He may himself provide the understanding human relationship through which one sees God revealed.

But he does this as one consciously present on behalf of God. As Luther wrote,

> We are also priests forever, worthy to appear before God to pray for others and to teach one another the things of God. We are not only Christ's brethren, co-heirs and fellow-kings with Him, but also fellow-priests with Him. . .
>
> Though I am an unworthy and condemned man, my God has given me in Christ all the riches of righteousness and salvation without any merit on my part, out of pure, free mercy, so that henceforth I need nothing whatever except faith. . .
>
> I will therefore give myself as a Christ to my neighbor, just as Christ offered himself to me. . . Each should become a Christ to the other, that we may be Christs to one another and Christ may be the same in all; that is, that we may be truly Christians. . .
>
> A Christian man lives not in himself, but in Christ and in his neighbor. Otherwise he is not a Christian. He lives in Christ through faith, in his neighbor through love; by faith he is caught up beyond himself into God, by love he sinks down beneath himself into his neighbor; yet he always remains in God and in His love.[1]

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[1]M. Luther, "A Treatise on Christian Liberty," The Works of Martin Luther (Philadelphia: Holman Co., 1915) 331-42.

In his symbolic role, the minister has a resource for helping patients that is far greater than any personal talents he may possess. The psychiatrist who works with the dying patient may envy this rich resource of the clergy.

> The priest or the minister is in a more favorable position since he is a representative of the power beyond, before which the faithful who is dying believes he will soon appear. . . The psychiatrist . . . must first establish a platform which the man of God finds ready made.[1]

The patient is Christ.--This is a symbolic way of stating a basic axiom of pastoral care: that the person to whom we minister is as much a child of God as Jesus Christ himself. If God allowed his Son to be crucified for this person, then this person must be worthy of that sacrifice and of our deepest respect. If one desires to honor and glorify God, there is no better way than to thankfully and reverently care for God's son or daughter in need. This conception is the best antidote to the tendency to see the person as an object to be manipulated by knowledge and skills, or to be regarded as of little worth.

This principle has been especially helpful to me in visiting those who are repulsive. As a mental hospital

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[1] J. Hiesler, The Psychiatrist and the Dying Patient (New York: International Universities Press, 1955), 247.

chaplain, I visited monthly on chronic ward wards where disgusting fragments of human beings existed in a setting that was offensive in every regard, despite the efforts of those who cared for them to keep them clean and happy. After services, which might be interrupted by loud screamings and obscenities, I would visit every man briefly, although very few could carry on any meaningful conversation. This work was tiring, but I fortified myself with the idea that every man there was Christ, and in this I had my reward.

> "Lord, when did we see thee hungry and feed thee, or thirsty and give thee drink? And when did we see thee a stranger and welcome thee, or naked and clothe thee? And when did we see thee sick or in prison and visit thee?"
>
> And the king will answer them . . . "As you did it to one of these my brethren, you did it to me."[1]

This is the most potent idea behind Christian ministry: I am Christ to my neighbor, and he is Christ to me. It is the best protection against all dehumanizing tendencies.

<u>Care is mutual</u>.--Paul Tillich regards this as a primary basis for understanding all human care, including pastoral care. He is especially concerned about the tendency to regard the patient as an object to be treated, rather than as a person with whom one enters a relationship of communion. Tillich writes:

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[1] Matthew 25:37-40.

> When I hear the term pastoral care, I sometimes imagine myself to be in the situation of receiving pastoral care, and imagining this, I somehow feel humiliated. Someone else makes me an object of his care, but no one wants to become an object, and therefore he resists such situations like pastoral care.[1]

An antidote to such objectification, which is the great curse of our technologically oriented culture, is the idea that care is essentially human and mutual.

> He who gives care also receives care. . . We are taken care of if we take care of one another.[2]

> He who helps in pastoral care is being helped himself. The counselor must consider himself an object of counseling. It is not as though the helper has first helped himself some time ago and now can help himself, but that in the best act of helping, he is continuously helped himself.[3]

The pastor is saved by the patient from being <u>incurvatus in se</u>. It is his most promising form of personal healing--to take part in the world of those in need. The pastor is saved from irrelevance by this interaction. He is reminded of the divine judgment and the divine grace. He is reminded of his own death, and he is led to meditate upon the frivolity of some of his activities which might otherwise seem important and the stupidity of his worries. If his role is to be a man of eternity, he will find this awareness of the trans-temporal strengthened in no other place better than by the bedside of one who is dying.

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[1]P. Tillich, "The Theology of Pastoral Care," <u>Pastoral Psychology</u>, [illegible] (Oct., 1959), 21.

[2]<u>Ibid</u>. [3]<u>Ibid</u>., 24.

He is saved from preaching about trivial things. Pastoral care is mutual.

The pastor participates in the situation.--He shares the other's predicament. He tries to listen to the patient, to see how he perceives the world. He becomes involved in the person's life, he becomes a part of that person's life, as the person becomes a part of his own life. He knows that if the patient is dying, he is, too. If the patient is guilty, so is he. If the patient has doubts, so does he. Tillich writes:

> The counselor must participate in the situation of the person needing care. This situation expresses itself not only in words of acceptance, but also in ways of communicating to the counselee the fact that the counselor was and is in the same situation. This can be done by telling a concrete story in which the counselor experienced the same negativities for which the counselee needs care.[1]

If the pastor is frightened by human interaction and afraid of encountering these negativities in himself, he may avoid getting involved and refuse to listen deeply. He may find in the patient an interesting specimen of psychopathology for analysis, an object of curiosity.

The pastor is a dying man. And every man's death diminishes him. John Donne describes this well:

> Now this Bell tolling softly for another, saies to me, "Thou must die." . . . All mankind is of one Author, and is one volume; when one Man dies, one Chapter is not torne out of the booke, but translated into a better language; and every Chapter

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[1]P. Tillich, "The Theology of Pastoral Care," Pastoral Psychology, X (Oct., 1959), 25.

> must be so translated; God employs several translators; some peeces are translated by age, some by sicknesse, some by warre, some by justice; but Gods hand is in every translation; and his hand shall binde up all our scattered leaves againe, for that Librarie where every booke shall lie open to one another. . .
>
> No man is an Iland, intire of it selfe; every man is a peece of the Continent, a part of the maine; if a Clod be washed away by the Sea, Europe is the lesse, as well as if a Promontorie were, as well as if a Manor of thy friends or of thine owne were; Any man's death diminishes me, because I am involved in Mankind; And therefore never send to know for whom the bell tolls; It tolls for thee. . .
>
> By this consideration of anothers danger, I take mine owne into contemplation, and so secure my selfe, by making my recourse to my God, who is our onely securitie.[1]

Acceptance is the aim.--If the existential predicament of man is estrangement, there is no healing in fleeing from it, but in accepting it in faith. Tillich says:

> The first aim, and in some sense the total aim, toward which we have to work in pastoral care is "acceptance": man must accept himself in all his negativities, but he can do this only if he acknowledges that he is accepted in spite of these negativities. . .
>
> It does not mean that someone says to himself, "I am weak, so I have to accept that I am weak." It also means, "I have the courage to accept that I am weak and in this, I am strong." It is courage and not resignation.[2]

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[1] J. Donne, The Complete Poetry and Selected Prose of John Donne and the Complete Poetry of William Blake (New York: Modern Library, Random House, 1941), 331-32. Underlining mine.

[2] P. Tillich, "Theology of Pastoral Care," Pastoral Psychology, X (Oct., 1959), 22-23.

The three kinds of negativity are finitude, guilt, and doubt. Only in accepting these and in feeling accepted by God in spite of these can man truly rise above them in courage. Man is a creature. This predicament is described by Tillich:

> Suffering, accidents, disease, loss of relations to nature and man, loneliness, insecurity, weakness, and error are always with him. . . All this he must bear, and all this he can bear only in the power of that in which non-being is eternally conquered--the power of the divine. It is the function of pastoral care to communicate this power and to mediate the courage to accept finitude. Where this point is reached, life as well as death can be accepted.[1]

Man is guilty.

> Everyone participates in the estranged character of existence. All men are estranged from what they essentially are. It is their tragic predicament to be guilty for this estrangement, although it is universal and inescapable.[2]

The only creative response to guilt is acceptance of it.

> We must accept the fact that we will be guilty as long as we live, and that no one can overcome the bondage to estrangement in his own strength. . . Self acceptance is the certainty that we are accepted by forgiveness. Self acceptance is ultimately possible only in the power of that which accepts us although we are unacceptable.[3]

Likewise doubt can be overcome only fragmentarily, not through belief in the authority of the pastor, who himself has doubts, but "one can accept one's doubt only in the power of a certainty which is present even in the most radical doubt, and which is itself felt in the very seriousness of the doubt."[4]

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[1] Ibid., 23. [2] Ibid. [3] Ibid. [4] Ibid., 24.

Since one can only "get rid" of finitude by posing as immortal, escape guilt through guilty self-righteousness, and avoid doubt by a doubtful acceptance of authority, the only alternative is the acceptance of these negativities. Such acceptance is in itself self-affirmation and is healing. But it is not possible except in the power of the New Being, which is mediated through the pastoral care. Therefore the next principle of pastoral care follows:

Acceptance is the means.--It is not only the aim, but the means of pastoral care. The pastor is able to support and encourage another person in coming to terms with the frightening aspects of existence only insofar as he has come to terms with his own finitude, guilt, and doubts, and is not attempting to evade them by posing as immortal, righteous, and infallible. The blind shall not lead the blind, nor can the pastor who does not know himself accepted mediate such acceptance to others.

The pastoral relationship is finite.--Finitude and estrangement are experienced in every pastoral relationship. The process through which a person comes into a new acceptance of himself may be tragically cut off by a blood clot and ended. Or the pastor's feelings may interfere with the process, whether he is or is not aware of it. His irritations and fears, his fatigue or his concerns with the problems of his home or his parish may render

his insensitive to the undertones of the other person's self-expression. Or his awareness of the shortness of time and his very concern to be successful in helping the other person may interfere with the healing process, as he probes or pushes the person into waters too deep, so that the other person retreats from the threatening unknown toward which both are proceeding.

All this is the risk of pastoral care, and there is no alternative to facing and accepting this risk except retreating from the scene and not offering pastoral care at all. Such retreat from meaningful relationship can occur even though one continues to visit the patient and goes through all the motions expected of a pastor. Whether one denies or affirms participation in the finitude and estrangement of the situation, it is a difficult burden to bear.

Some persons are conditioned to see ministers as symbols of the Last Judgment, from which they flee, and will reject any efforts to enter into meaningful relationship. Even as Christ was seen as a tormentor by the demoniac of Gerasa, the minister will be seen as threatening by the person who is trying to evade thought about the implications of death. Many persons cannot be helped; even the gentleness and good faith of the pastor may stir up anxiety in the dying person.

This, too, is finitude; and the pastor must learn to accept the fact that any help he might bring is limited. Even as the patient feels rejected by life and by God, so the pastor may feel rejected; or he may feel anger or sorrow in confronting the fact that the person for whom he feels compassion has lived a crippled or twisted life, and now dies as he lived. Ministry involves the crucifixion of being rejected by those we would help; but it involves also the deeper sorrow of seeing others hang on apparently meaningless crosses.

Pastoral care involves human understanding.--Pastoral care is the attempt to help a person cope with and accept the realities of his existence through a counseling process informed by both human understanding and religious truth.

All ministry has a basis in the way we perceive the predicament of the person to whom we minister. This is true whether one falsely assesses the human situation (as does a deluded psychotic), or more accurately perceives human realities on the basis of knowledge and wisdom. Psychology is inevitable whether one's psychology is good or bad.

In pastoral conversation, a counseling process occurs in which both parties influence the responses of the other. Pastoral care is not doctrinal instruction

given by a lecturer to an audience of one, but involves all the subtle, shifting, dramatic features of human dialogue. Both counselor and counselee may be changed in the process, which is not only intellectual, but involves one's whole being.

This process of dialogue and mutual influence, known and practiced throughout the ages, was explored and redefined by Freud and his various followers. Old realities were given new names in the secular cults of healing. Conversation about life experiences and feelings became psychotherapy; confession was called catharsis or abreaction; conscience was renamed superego. New secular metaphors were used to describe guilt before God, temptation, concupiscence, salvation, and repentance. All were given new names and subjected to intensive study unprecedented in human history. The role of the unconscious in mental life was analyzed. Defenses against anxiety were studied. The development of personality in infancy and childhood was traced. The cure of souls was being taken over by science, it seemed.

But the revitalization of pastoral care indicates that the Church is not forsaking its concern for the cure of souls. If the gospel ministry is not a healing ministry it is sterile indeed. When the Church becomes preoccupied with defending its doctrines or building its

institutions, and neglects its primary concern for the spiritual welfare of its members, then other agencies will seek to fill the vacuum and minister to human beings in their need.

Whether or not the psychotherapeutic movement is regarded as a judgment upon the ineffectiveness of the Church's ministry with people, it is providing knowledge and insight about the human beings we encounter in pastoral dialogue. Not only psychological understanding, but the analyses of the human predicament made by anthropologists, sociologists, and creative philosophers and men of literature are of use to the pastor as he attempts to understand and interpret the gospel and the human situation to which that gospel is addressed.

The method of correlation.--Such appreciation for the insights of secular thinkers is evident in Tillich's approach to pastoral care. The method of correlation[1] is nothing more than an attempt to listen creatively to the questions men ask about their existence, and to interpret the gospel in terms of answers to these questions. There is no alternative except proclaiming to people what they are not ready to hear. If we bring to bear the rich theological resources of our heritage upon the questions men are asking, then they will listen. Either the gospel

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[1]Supra, 269-72.

is the answer to these questions, the deepest answer given to man, or it is not. But the Church which evades this task is doomed to irrelevance and sterility.

The Minister's Motives

Gratitude.--A feeling of thanksgiving for participation in the grace of God is a basic motive in the pastoral ministry. We cannot give God greater service or nobler worship than to thank him.

Ministry is a fruit of the Spirit, a direct and natural outgrowth of personal experience. The encounter with God is the source as well as the goal of every truly pastoral act. The beholding of the glory and grace of God is the motive for ministry. The minister, no less involved in the human predicament than other men, has many motives. But at the heart of the calling is the sense of wonder in the presence of God, the surge of life and joy known only in faith.

> Jesus stood up and proclaimed,
> "If any one thirst, let him come to me and drink.
> He who believes in me,
> as the scripture has said,
> 'Out of his heart shall flow rivers of living water.'"
> Now this he said about the Spirit,
> which those who believed in him were to receive.[1]

"The half-full cup," it has been said, "runneth not over." As one ministers in spirit, being precedes doing; the revelation of God precedes our faith in him. "We love, because he first loved us."[2]

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[1]John 7:37-39. [2]I John 4:19.

> See what love the Father has given us, that we should be called children of God; and so we are.[1]
>
> We know that we have passed out of death into life, because we love the brethren. He who does not love remains in death. . . By this we know love, that he laid down his life for us; and we ought to lay down our lives for the brethren.[2]

The distinctive feature of Christian ministry is the awareness of acceptance by God and the corresponding belief that fulfillment lies in the direction of "laying down one's life for the brethren." We do this in trust that God provides for our needs, even as he has provided his Son. We accept the past through forgiveness and the future through trust; we are free for the present, through God's love.

> No man has ever seen God; if we love one another God abides in us and his love is perfected in us. By this we know that we abide in him and he in us, because he has given us of his own Spirit. . .[3]
>
> There is no fear in love, but perfect love casts out fear. . .[4]
>
> Whatever is born of God overcomes the world; and this is the victory that overcomes the world: our faith.[5]

The desire to share this "victory that overcomes the world" is the ultimate motive for the ministry.

<u>Self-affirmation</u>.--The suffering and self-sacrifice implicit in creative ministry are not goals in themselves but aspects of self-affirmation, a participation in the

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[1] I John 3:1. [2] I John 3:14, 16. [3] I John 4:12.

[4] I John 4:18. [5] I John 5:4.

creative process which leads to fulfillment. There is no room for self-righteousness or self-justification in this sharing of human suffering. There is nothing good in it except the goal which might--or might not--be achieved if we endure.

Suffering is a part of the creative life, and not only ministers but all those in creative professions are asked to participate in agony in order to find the fulfillment of their calling. We give that it shall be given unto us, not in immediate reward--money, pleasure, praise, or thanks--but in long range satisfactions. Inherent in our faith is a short range realism about the human predicament combined with long range optimism about the victory of God. We see life not as a "long day's journey into night" but as a journey from darkness into The Day.

> Do not be anxious about your life. . . . Which of you, by being anxious can add a cubit to his span of life . . . O men of little faith! . . . Fear not, little flock, for it is your Father's good pleasure to give you the Kingdom.[1]

Therefore, when Jesus tells his disciples, "If any man would come after me, let him deny himself and take up his cross and follow me,"[2] he is not calling us to suicide but to the richness of the creative life. "For whoever would save his life will lose it, and whoever loses his life for my sake will find it."[3]

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[1]Luke 12: 22-32. [2]Matthew 16:24. [3]Matthew 16:25.

We never know which risks will find reward, or which pains will prove to be creative. We proceed on faith that the spirit will sustain us as we venture in the direction of God's calling. The nature of divine love is such that the awareness of it is given most to those who offer themselves up on its behalf. Pasternak writes:

> You in others--this is what you are.
> Your soul, your immortality, your life in others.
> And what now? You have always been in others and will remain in others. This will be you--the you that enters the future and becomes a part of it.[1]

Joyful self-affirmation is the expression of the creative power of the New Being, through which we become creators and participators in the redemptive and sustaining work of God. God loves us, so we learn to love ourselves. We learn to assert ourselves in the bold foolishness of faith because we have accepted the negativities of existence in our lives. In the words of St. Paul:

> For it is God who said "Let light shine out of darkness," who has shone in our hearts to give the light of the knowledge of the glory of God in the face of Christ. But we have this treasure in earthen vessels, to show that the transcendent power belongs to God and not to us. . . For while we live we are always being given up to death for Jesus' sake, so that the life of Jesus may be manifested in our mortal flesh.[2]

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[1] B. Pasternak, op. cit., 60.

[2] II Corinthians 4: 6, 7, 11.

[illegible] Jonathan, [illegible] as had always had to do if the transcendent power belonged to God and not to us. It was God who had [illegible] exploiting abilities which reflect not the glory of God, but our own impotence and fear. This corrupt pretense, [illegible], as we have seen in the example of an aggressive officer's visit to a sick person who had [illegible] his chosen.[1] Such a disordered exploitation of guilt is a sad distortion of pastoral care. It shows how [illegible] can take over one's ministry with destructive consequences. Such self-righteous certitude and overzealous forgetfulness is not a form of self-affirmation, but rather the masked expressions of guilt, doubt, and insecurity. Such [illegible] self-concern (the lack of faith) is the root of sin.

If the pastor cannot account [illegible] in himself, he cannot account it to others. In the place of faith, one substitutes the compulsive reiteration of religious platitudes and believes to prove that one is worthy of being saved. The Pharisees [illegible] the [illegible]. They are taken into account the certainty of the [illegible], [illegible] their righteousness, thank God that they are better than others, [illegible] about politics, and are filled with the [illegible] of hypocrisy.

> Woe to you, scribes and Pharisees, hypocrites! For you traverse sea and land to make a single convert, and . . . you make him twice as much a child of hell as yourselves.[2]

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[1] [illegible], "[illegible]," [illegible].

The concern for power may find expression in the messianic need to save or heal. It may manifest itself in the need to be loved, wanted, or appreciated (expecting others to do for us what we cannot do for ourselves, thus asking them to save us from inner doubts). It may be present in pity, which finds satisfaction in the weakness of others because we are strong in comparison. The word pity is etymologically akin to piety and pious, but it carries connotations of regarding the object of pity as being weak or inferior. To feel pitied by another is to feel that one has become the object of condescension and scorn. It connotes pride; care connotes a mental burden or troubled thought: the patient becomes the cause of the minister's anxiety and suffering. Care implies a disquieting sense of oppression, as when we speak of a careworn face. Or it implies being cared for or managed by someone who has oversight or custody over us. And so pastoral care can possibly mean "being oppressed," whether the victim is regarded as the pastor or the one he is allegedly helping.

Sympathy (Greek) and compassion (Latin) mean "suffering with," as in sympathetic vibration. One feels the pain, frustration, bewilderment, and confusion of others, because he sees himself in them. But these also have overtones of pity, so counselors have adopted the word

My concern for some sort that accompanies be the mechanic hand it sets on book. In my mechanic itself, it this need to be a book, reading, or accomplished (concerning others to be free at least my cannot or for operation, those nothing time to have as free time longer counts). It and be present in life, which finds satisfaction in the mechanics of others because we can always be occupied. The word *play* is etymologically made to play and alone, but it carries connotations of remaining the object of play, as being work or labor. To feel helpless is to feel that one has become the object of manipulation and force. It concerns people, *some* connection to mental health or physical health: the problem becomes the power of the mechanic's machine and authority. Here lapses a dissociation among of operation, as when an owner of a machine lives. Or it happens only would for or because of someone who has overwhelmed or controlled over me. And in practical case one possibly mean "being operated" operation this which is reported as the motor or the use by a mechanic method.

Mechanic (*here*) and *mechanics* (*latter*) come "mechanical ability," as in mechanical vibration. One finds the pain, frustration, bewilderment, and resistance of others because he some himself is then. And there also have experience of pain, as mechanics have another the hand

empathy ("feeling into") as the attitude most effective in counseling. It means imaginative projection of one's own consciousness into another being, but it also implies maintaining the poise and perspective of the observer. By such perspective the pastor seeks awareness of his own search for power--and denial of finitude.

Every pastoral relationship involves risk, and the decision as to whether one will face the potentially threatening realities in the other person, or turn away from them. The courage to listen to the other person and to speak the truth in love is given especially to those who are most keenly aware of their own limitations, and who consequently can relax and wait upon the will of God to see whether God wishes to reveal himself. The concern to do well as a pastor--to say the right thing, to win a soul, to reassure--reflects anxious disbelief in the God who reveals himself in his own mysterious ways, and who accepts every effort we make.

Anxiety and Faith

A single theme has emerged again and again in these pages. The challenge of effective pastoral care is the acceptance of inevitable anxiety. The challenge is to trust God, to obey his call, and to follow him into the valley of the shadow of death. The minister is with his people in their anxiety and suffering, for in their

Amadeus ("Finally Love") on the radiophonic [illegible] is [illegible]. It [illegible] [illegible] on man's own [illegible] into [illegible] [illegible], [illegible] [illegible] [illegible] [illegible] of the [illegible]. By such [illegible] [illegible] [illegible] [illegible] of [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].

[illegible] [illegible] involves [illegible], and the [illegible] is to [illegible] one will [illegible] [illegible] [illegible] [illegible] [illegible] to the other person, or [illegible] [illegible] from [illegible]. The [illegible] to listen to the [illegible] [illegible] and to [illegible] the truth in love is given [illegible] to those who are most [illegible] [illegible] of this in our [illegible], and who [illegible] [illegible] [illegible] [illegible] upon the will of [illegible] to [illegible] [illegible] [illegible] to [illegible] [illegible]. The [illegible] to do well as a [illegible]-to may [illegible] [illegible], to [illegible] [illegible], to [illegible]-[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible], and [illegible] accepts every effort [illegible].

A [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]. The [illegible] of [illegible] [illegible] [illegible] is [illegible] [illegible] [illegible] [illegible]. [illegible] [illegible] is to [illegible] [illegible], to [illegible] [illegible], [illegible] to [illegible] [illegible] [illegible] the [illegible] of [illegible] [illegible]. [illegible] [illegible] is [illegible] [illegible] people in [illegible] [illegible] [illegible], [illegible] [illegible] [illegible]

need he hears the call of God to comfort his people. By faith he goes out to their situation, to be with them, never certain where he is going, but going in confidence that God will be there.

Confidence? Rather fear and trembling, for he is called like Peter to "Come, follow me!" and to walk upon the water over the abyss which threatens all men. The way will not be easy. One follows a Master who, standing at the tomb of Lazarus, "was deeply moved in spirit and troubled,"[1] a Master whose compassion had to become passion before his task was finished, a Master who was "crucified, dead, and buried," who "descended into hell."

The minister will share in the sights and smells and anxieties which any man would rather avoid. He will be tempted to be busy elsewhere, but he will be with them, on the front line of human need. He knows that on this front line God's creative and sustaining presence may be felt. "For thou art with me; thy rod and thy staff, they comfort me."[2] When the journey has come to its end, the pastor has nothing to show for it. A hospital bed is emptied, and another patient comes to fill it.

How much easier it is to sit in one's study and intellectualize about life and death, rather than actually setting out on the journey with those who suffer. How strange and foreign abstract ideas may seem to one who

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[1]John 11:33. [2]Psalm 23:4.

need to learn the ways of God to accept it, [illegible]. It
might be seen out to their existence, to be like them,
never certain where he is going, but acting in confidence
that God will be there.

Confidence? Where does our tendency for it
called life enter in "Come, follow me!" and to walk over
the water over the above which threatened his life. The
way will not be easy. One follows a [illegible], [illegible]
of the tomb of Lazarus, "was deeply moved in spirit and
troubled,"[1] a man who [illegible] before his death was [illegible]
before his death was [illegible], a [illegible] "troubled,
deep, and troubled," who "[illegible] tears [illegible]."

The disciples will [illegible] to the [illegible] and
and anxieties which may [illegible] [illegible]. In this
he [illegible] to be [illegible] and he will be with them
in the [illegible] of other [illegible]. [illegible] that in this
church life God's [illegible] and [illegible] [illegible]
be felt. "For [illegible] with me by [illegible] and [illegible],
they comfort me."[2] When the [illegible] [illegible] down to the [illegible]
the pastor has nothing to [illegible] [illegible]. [illegible]
[illegible], and [illegible] [illegible] [illegible] to [illegible] it.

How much [illegible] is to be [illegible] in God's [illegible] and
[illegible] about life and [illegible], [illegible] [illegible]
[illegible] out on the journey of [illegible] [illegible]. [illegible]
[illegible] and [illegible] [illegible] [illegible] [illegible] to [illegible]

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[1] John 11:33. [2] [illegible] 23:4.

is gripped with fear or grief or sorrow. Like Job, he may cry out, "Oh that you would keep silent, and it would be your wisdom! . . . Your maxims are proverbs of ashes."[1] If we minister in the Spirit, we are more concerned about the dying person than about the meaning of death.

We are afraid of the dark and its portent of ultimate insecurity, and we avoid it. But only from the perspective of darkness can one testify, "The light shines in the darkness, and the darkness has not overcome it."[2] It is our guilty fear of darkness and hidden danger that causes us to turn away from "the true light that enlightens every man."[3]

Our Lord comes to us as one who is alive, and beckons us to come and follow him. We follow, but the way leads to the place of the skull, the place of judgment and death, and our hearts recoil. He confronts us in a suffering man, and asks that in compassion we go out from our position of peace and security to be with him in his turmoil. He asks us to make the journey to the gates of death. We either go or we do not. Either we are willing to be the follower of a crucified Christ, or we are not.

In contemplating the folly of the cross which is hid from the wise and the prudent, Luther wrote:

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[1]Job 13: 5,12. [2]John 1: 5. [3]John 1: 9.

> We seek to be saved, and God in order that he may save rather damns. . . They are damned who flee damnation, for Christ was of all the saints the most damned and forsaken.[1]

Perhaps our Puritan ancestors asked the right question of their clergy. They did not simply inquire whether a man could tell people about God's glory. They asked, "Are you willing to be damned for the glory of God?" Are you willing to go and be with this man and this woman as they suffer? Are you willing to live with them and die with them? Are you willing to go and share with them their awful loneliness? Have you the patience to accept their silence or crying or cursing, without filling the air with your monologue of platitudes?

All too often, of course, the answer is no. Our fears and our failures hinder the life of the Spirit. We refuse to go to the God-forsaken place. Like Peter, we warm ourselves by the fire in the courtyard while the Christ is standing trial, and deny that we know him.

Learning to recognize and live with anxiety realistically is the task and challenge of a growing ministry. Whatever our state of grace, God calls us again and again, through our "neighbor" in his need, and the Spirit moves us to be merciful.

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[1] M. Luther, cited by R. Bainton, Here I Stand (Nashville: Abingdon-Cokesbury Press, 1950), 64.

We must learn to recognize temptations to avoid or bypass the ministry to those in crisis. We are tempted to say, "I should go and see Mr. R, but I will do it tomorrow." Who among us has not said that, only to find that there is no tomorrow? Peter, who knew from dreadful experience just what temptation was, advised his fellow Christians:

> I exhort the elders among you, as a fellow elder and a witness of the sufferings of Christ . . . tend the flock of Christ that is your charge, not by constraint but willingly. . .
>
> Cast all your anxieties on him, for he cares about you. Be sober, be watchful. Your adversary the devil prowls around like a roaring lion, seeking some one to devour. Resist him, firm in your faith, knowing that the same experience of suffering is required of your brotherhood throughout the world.
>
> And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, establish, and strengthen you.[1]

It is every pastor's privilege to learn to face his fears and to minister in spite of them. We minister because we choose to obey the call of God, and we often find our fears vanish in the ministering.

As a mental hospital chaplain, I once sat talking with a theological student who had just come for clinical pastoral training. He seemed bothered by the prospect of working with mental patients. The telephone rang and I

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[1] I Peter 5: 1-3, 7-10.

He very later to Mahomet Langdon to write on figures his identity to those in [illegible]. [illegible] to say, "I [illegible] you [illegible], [illegible] [illegible]." [illegible] he [illegible] [illegible], [illegible] to [illegible] that [illegible] to [illegible] [illegible], [illegible] [illegible] [illegible]

was summoned to see a dying woman whose sister was at her bedside in a senile infirmary ward. The student asked to come along, as an observer.

When I unlocked the door of the ward, we saw for the first time the sight to which I had become accustomed--rows of old women tied to chairs, moaning, crying, waving for attention, cursing, staring into space. The room smelled of excrement and disinfectants. We proceeded to a side room where a distraught woman stood at the bedside of her sister. The patient stared into space, muttering strange things. I tried in vain to engage her in conversation, and then, placing my hands on her forehead in a gesture of tenderness, said a spontaneous prayer and a benediction. I invited the patient's sister to step outside for conversation, and asked the student to stay by the patient while we talked. The following excerpts from a tape-recording indicate his reaction to this experience:

Student: I was very anxious the first night. That experience was a moving one. All the pity that I felt. Being a male, I had to choke all these things down.

Chaplain: What stirred you the most about it?

Student: The whole group situation. My mother is exceedingly afraid of mental institutions and going insane. . . When I was 16, I wanted to commit myself temporarily to a state mental hospital. . . There was quite an emotional scene, but the implication was that if I did that, she's nuts. . . Of course, there's my own anxieties, too.

Chaplain: You mean your own anxieties in this situation.

Student: Yeah. It's strange, though, that whole experience made me feel good. It was a feeling of accomplishment. I worry about things beforehand and afterward, but when I'm right in the situation, it doesn't bother me. I was awfully afraid of going in there, but it wasn't so bad after all. . . I had to face the problem. It put me right in the situation. "Here I am. I'm inside and a damn poor place, living hell. Here I am." . . I was anxious when you left me alone with that dying woman. . . Actually I wanted to cry, that's what I wanted to do. .. But I'm not so scared now.

Chaplain: I don't quite understand your feelings.

Student: First it was pity. . . Then the experience of watching someone die. My mother's attitude . . . Then the rejection that I feel towards people who are ill. Not real deep rejection, but there's enough of it so that I give myself status.

Chaplain: You mean you like to think that you're stronger and better than they are.

Student: It comes to that. . . It increased my confidence to go over there. Because I was in the situation, and met the situation. I wanted to panic, but I didn't. . . I have a big fear of new situations. This has been decreasing over the years. It used to be serious, but it's been going down and down and down. So I know, if I think somewhat rationally about it, that when I'm in the situation, I'll meet the situation. I'll come out of it again.

Chaplain: You've been with me in the ward that bothers me the most. It was not easy, but you found the strength to face the situation.

During the summer in group discussions this student for the first time shared his experiences and uncertainties with a group of fellow students; they, in turn, responding to his need for support in this act of self-revelation, shared their hurts and uncertainties. The knowledge that he was not alone in his feelings had healing power, and he soon showed less need to defend himself. He found that

he was more able to hear the things patients would share with him. He even began to appreciate that his many evil memories and sad experiences might be of value in his work with people, and not simply a handicap. Along this line, Karl Menninger wrote:

> The gift of intuitive perception as well as interest in those who suffer spiritually. . . must come from previous experiences which rendered his forever sensitive and forever responsive to similar experiences in others. . .
>
> His wish to help the other person, his wish to see into the other person's problems and set his aright, is in part an acting out of a wish that he himself might be saved or have been saved this pain, and in part a sublimation of the sadistic feelings of resentment that his own experiences aroused in him.[1]

This student knew that in coming to terms with his calling, he had to come to terms with himself. He felt that <u>in spite of</u> neurotic behavior patterns and an emotionally impoverished and twisted childhood, he was called to minister. After a summer of sharing his anxieties with a group of fellow students, he was on the road to becoming an understanding pastor. At the heart of his growth was increased self-acceptance, which was brought about by the acceptance of the group.

Pastoral care requires that one has known in his own life the misery of man, as a finite, guilty

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[1]K. Menninger, <u>A Psychiatrist's World</u>, ed. by B. H. Hall (New York: Viking Press, 1959), 41-19.

person—a sinner. Yet as a justified sinner, he has come to know God's merry and sustaining grace, accepting him and affirming him in spite of himself. The life of creative love is not an achievement, but a gift of divine grace, of the Spirit, who "intercedes for us with sighs too deep for words."[1]

In counseling, the process of defending oneself from anxiety is so subtle that the pastor and the patient may be quite unaware of it. It may be manifest in the pastor's "forgetting" to visit the dying patient again, for various reasons. There are innumerable ways of blocking the patient's expression of his concerns. One is to appear rushed and busy. Another is to give quick consolation, words of encouragement, rather than listening. The following excerpt from an interview demonstrates this:

> Patient: That operation tomorrow . . . I have an awful feeling. . . I guess I'm afraid.
>
> Pastor: Most people are afraid before an operation, but it will soon be over. Don't worry! You have wonderful doctors helping you, they know what they're doing.

The pastor's words, as might be predicted, cut off the patient's discussion of his fears. A few minutes later they were discussing the world series, and the pastor later said that he was trying to cheer up the patient and get his mind off his troubles.

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[1]Romans 8:26.

The courage to go where we are beckoned without the knowledge that we have the capacity to do what we are called to do, is called faith in the epistle to the Hebrews. There we are warned;

> Do not throw away your confidence,
> which has a great reward.
> For you have need of endurance,
> so you may do the will of God
> and receive what is promised. . .
> "My righteous one shall live by faith,
> and if he shrinks back,
> my soul has no pleasure in him."[1]

And what is faith but the "assurance of things hoped for, the conviction of things not seen?"[2]

> For by it the men of old received divine approval.
> By faith we understand that the world
> was created by the word of God. . .
>
> By faith Abraham obeyed when he was called to
> go out to a place which he was to receive
> as an inheritance; and he went out
> not knowing where he was to go. . .
>
> These all died in faith,
> not having received what was promised,
> but having seen it and greeted it from afar,
> and having acknowledged that
> there were strangers and exiles on the earth.[3]

We are beckoned, by these words, not to seek security in correct thoughts or in some code of action guaranteed to give success, but in the God who calls us into the unknown. Every pastoral encounter is a venture into this unknown. Each person, each situation is unique.

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[1]Hebrews 10: 35-38. [2]Hebrews 11: 1.

[3]Hebrews 11: 2-13.

There are no "correct thoughts" even in analyzing what has happened in a human interaction, although such analysis is the main training device for counselors. In clinical observation of a counseling interview by a group of "experts," each one notices and responds to different things. Such various interpretations are brought forth that one wonders just how valuable these interpretations are. What is important is the capacity of the counselor to enter into a living reality which is unique and essentially unrepeatable. Goethe wrote:

> Der will was lebendig's erkennen und beschreiben,
> Sucht erst das Geist heraus zu treiben,
> Dann hat er die Teile in seiner Hand,
> Fehlt leider nur das geistige Band.[1]

To translate and paraphrase:

> To analyze the living thing,
> First drive the Spirit away.
> Hold the pieces in your hand,
> Lifeless facts--display!
>
> The lifeless facts, the fragment parts
> Are not the living thing.
> Minds are dead without their hearts,
> The Spirit makes them sing.[2]

In a technically oriented society, we tend to believe that there must be some fool-proof way of doing everything--including even ministering to the dying. There must be some goal of such a ministry, and some way of reaching the goal! There must be some rules to follow! Knowledge is power! But the Spirit helps

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[1]Goethe, quoted in R. Benedict, Patterns of Culture (New York: New American Library, 1934), xiv.

[2]Translation mine.

us in our weakness."[1] We are ignorant, finite. We--and the dying patient--can bide from it, but not escape this predicament. "Abraham went out, not knowing where he was to go."[2] We go by faith to the dying patient, acknowledging that we are "strangers and exiles on the earth."[3] We are not physicians nor clergy. We have no science, no magic, no cure for finitude. We go as men of faith, and the faith is in the going.

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[1]Romans 8:26. [2]Hebrews 11:8. [3]I Peter 11:13.

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ABSTRACT OF THE DISSERTATION

To clarify the pastoral care of the dying, this research focuses upon empirical studies of the ways people think, feel, and behave in the shadow of death, and theological considerations of anxiety and faith.

I. Definition of death.--We know partial deaths, e.g., grief and physical infirmity, and infer that death completes the transition from being to non-being. In death we lose our bodies and minds, and our relationships with nature, people, and history. Yet death is essentially beyond understanding.

II. Anthropological studies clarify aspects of our culture which intensify anxiety in dying persons: (1) religious confusion and skepticism, (2) materialism, (3) a small-family system, (4) conflicting attitudes about expressing feelings, (5) avoidance of discussion death, and (6) banishment of dying from home to hospital.

III. Studies of children show that unawareness of death is followed by a period of intense curiosity and finally adoption of adult reluctance to consider death. Anxiety about death in children reflects fears of one's anger.

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III. Studies of children show that awareness of death is followed by a period of intense curiosity and finally adoption of adult reluctance to consider death. Anxiety about death in children reflects fears of one's anger.

IV. Studies of opinions and attitudes of adults show avoidance of thought about death. Anxiety about death is related to emotional insecurity. There is evidence of weakening of belief in immortality. A pastoral approach should seek to understand feelings about death.

V. The emotionally disturbed are more afraid of death, hostility, and pain than normal persons, and more plagued by guilty fear and apt to deny the reality of death.

VI. Emergency behavior in crisis situations is analyzed. Some forms of crisis behavior are constructive activity, denial, panic, apathy, random activity and elation, withdrawal, hostility, guilt, and self-punishing behavior.

VII. The problem of telling the truth about a fatal prognosis is studied. Most physicians practice varying forms of protective deception. Research indicates that patients are aware of their condition anyway and prefer honesty, and that morale is supported by other factors than hope of recovery.

VIII. Some problems of bereaved relatives are uncertainty, loneliness, guilt, grief, dependency, and expense. Careful studies of "the last hours" show that dying itself is not painful.

IX. Paul Tillich's understanding of finitude, anxiety, and faith is presented as a framework for

pastoral care, and compared with Epicureanism and Stoicism. Tillich bids us come to terms with finitude, guilt, and meaninglessness through participation in the new being. He attacks the doctrine of immortality as an evasion of finitude.

X. Pastoral care of the dying is a challenge to accept the anxiety of finitude. The source and goal of pastoral care is the experience of God, and we find expression for faith in a ministry which seeks to listen and understand before it speaks.

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